

**Texas Tech University Health Sciences Center
HIPAA Privacy Policies**

Administration	Policy 1.0
Framework of HSC HIPAA Privacy and Security Program	Effective Date: May 15, 2016
References: http://www.hhs.gov/ocr/hipaa HSC HIPAA website http://www.ttuhscc.edu/hipaa/policies_procedures.aspx	

Policy Statement The purpose of this Health Sciences Center HIPAA Policy and Procedure (HSC OP) is to provide a framework for Texas Tech University Health Sciences Center's (TTUHSC) compliance with the provisions of the Health Insurance Portability and Accountability Act of 1996 (HIPAA) and state laws and regulations for the privacy and security of health information.

Scope and Distribution

This policy applies to all health care clinical service areas owned and/or operated by TTUHSC. It does not apply to inmates seen or treated by TTUHSC.

Definitions

Refer to [HPP 1.1](#) for Glossary of HIPAA Terms

See [Old/New HIPAA Policy Number Cross Reference Chart](#)

Procedure

1. Obligations of Workforce Members

TTUHSC faculty, staff, residents, students, volunteers, trainees, and temporary employees either internal or external are required to follow federal and state laws, as well as TTUHSC policies regarding the privacy and security of PHI.

2. Institutional HIPAA Privacy and Security Officers

a. Privacy. TTUHSC's Institutional Privacy Officer (IPO) is responsible for developing and implementing HIPAA privacy policies approved by the HIPAA Privacy and Security Committee, initial and on- going HIPAA privacy training, monitoring use and disclosure of PHI and investigating HIPAA privacy concerns and complaints.

b. Security. TTUHSC's Institutional Security Officer (ISO) is responsible for developing and implementing HIPAA security policies, providing initial and on-going HIPAA security training, monitoring security of TTUHSC electronic PHI and investigating HIPAA security breaches, concerns, and complaints.

c. The IPO and ISO shall work collaboratively to encourage and foster compliance with HIPAA Privacy and Security laws and regulations as well as related TTUHSC policies. This may include working with Schools and regional campuses to appoint

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regional privacy officer(s) and/or security liaison(s) to assist with HIPAA compliance activities.

3. HIPAA Privacy and Security Committee

a. Establishment of HIPAA Privacy and Security Committee. The President established the Institutional HIPAA Privacy and Security Committee to oversee issues and concerns related to the privacy and security of PHI and ePHI with reporting obligations to President Executive Counsel (PEC). The HIPAA Privacy and Security Committee, and any subcommittees established under it, shall each be considered a “medical committee” as defined under Texas Health & Safety Code § 161.031(a), and/or other applicable state and federal statutes. All documents generated by, submitted to, or created for the purposes of fulfilling HIPAA Privacy and Security Committee’s duties are confidential and privileged and shall be identified as a “Confidential – Medical Committee” Document.

b. Membership. The HIPAA Privacy and Security Committee shall consist of the following voting members: (Members may serve in more than one capacity.)

- Institutional Privacy Officer
- Institutional Security Officer
- Institutional Compliance Officer
- Regional Privacy Officers
- Regional Security Liaison and/or security manager
- Clinical Research and/or Research Integrity Department Representative
- Representative from Schools of Medicine Information Application Services Department
- Representative of Human Resources
- Representative from each School (Medicine, Nursing, Allied Health Sciences, Biomedical Sciences & Pharmacy) as appointed by the Dean of that School
- Clinical Faculty Representative (SOM, SON, SOAHS, SOP)
- Representative from TTUHSC at El Paso (PLFSOM and GFHSON) Ex-Officio Members:
- General Counsel representative appointed by the Senior Associate General Counsel (ex-officio, without vote)

The IPO shall serve as the chair of the HIPAA Privacy and Security Committee.

c. Responsibilities. The HIPAA Privacy and Security Committee shall:

1) Policies. Recommend, review, and/or approve HIPAA Privacy and Security policies, which shall be incorporated by reference into this policy and posted at the following websites:

- i. HIPAA Privacy: http://www.ttuhsoc.edu/hipaa/policies_procedures.aspx
- ii. HIPAA Security: <http://www.ttuhsoc.edu/it/policy>

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iii. Manuals: http://www.ttuhscc.edu/hipaa/policies_procedures.aspx

2) Monitoring. Provide guidance and oversight of HIPAA Privacy and Security monitoring activity conducted by the Institutional Privacy Officer and Institutional Security Officer.

3) Investigations/Reports. Review reports of investigations of concerns and/or complaints related to HIPAA Privacy and/or Security compliance and review responsive or corrective action(s) taken to minimize the risk of similar non-compliance in the future. The HIPAA Committee may recommend further action to persons with authority to implement such recommendations.

4) Communication. Responsible for reporting information back to respective areas to bring awareness and compliance of HIPAA regulations, HITECH law, and HIPAA privacy and security policies.

d. Meetings. The HIPAA Privacy and Security Committee shall meet monthly or more often as necessary to deal with HIPAA Privacy and/or HIPAA Security matters.

e. Subcommittees. The HIPAA Privacy and Security Committee is specifically authorized to appoint subcommittees consisting of TTUHSC workforce to provide guidance on specific HIPAA Privacy and Security matters.

6. Violations

Violations of HIPAA privacy and security laws or TTUHSC policies shall be reported to the IPO and/or ISO, or in accordance with TTUHSC OP 52.04, Report & TTUHSC Internal Investigation of Alleged Violations; Non-Retaliation. Violations of HIPAA privacy or security policies may be subject to legal or disciplinary action in accordance with applicable civil and criminal laws, rules, and TTUHSC HPP 1.19, HIPAA Sanctions Process.

7. Training

All workforce members are required to complete initial and refresher HIPAA privacy and security training and education as set forth by Federal and State law. All new TTUHSC workforce members must complete training with first thirty (30) days of employment. Annual training will be assigned based on a calendar year.

a. Training Materials. The IPO and ISO are responsible for developing and/or approving the HIPAA privacy and security training materials.

b. Training Modalities. Various methods may be used to deliver HIPAA Privacy and Security training, including, but not limited to ACME, live, video-tape, internal/external web-based sessions, email, memorandum, newsletters, or any combination thereof.

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c. Tracking. Annual HIPAA training is tracked via the ACME system. The IPO and/or RPOs are responsible for notifying supervisors/directors if required HIPAA training has not been timely completed by workforce members under their supervision.

8. Right to Change Policy

TTUHSC reserves the right to interpret, change, modify, amend or rescind any policy in whole or in part at any time without the consent of workforce.

This policy and procedure will be documented and retained for a period of 6 years from the date of its creation or the date when it last was in effect, whichever is later.

Knowledge of a violation or potential violation of this policy must be reported directly to a Regional Privacy Officer, the Institutional Privacy Officer or to the employee Compliance Hotline at (866) 294-9352 or [Ethics Point - Texas Tech University](#) under HSC.

Approval Authority

The TTUHSC Privacy and Security Committee has authority for HIPAA policy approval.

Responsibility and Revisions

Questions regarding this policy may be addressed to the Regional Privacy Officer ([Amarillo](#), [Permian Basin Lubbock](#)), the [Institutional Privacy Officer](#), or the [Institutional Compliance Officer](#).

This policy may be amended or terminated at any time.