Texas Tech University Health Sciences Center
HIPAA Privacy Policies

Training and Education	**Policy 8.1**
Privacy Training	**Effective Date: July 20, 2010** **Revised: August 31, 2016**
References: 45 CFR 160.103 and 45 CFR 164.520, http://www.hhs.gov/ocr/hipaa HSC HIPAA website http://www.ttuhsc.edu/hipaa/policies_procedures.aspx	

Policy Statement

This policy establishes HIPAA privacy training standards for Texas Tech University Health Sciences Center's workforce members in accordance with the federal Health Insurance Portability and Accountability Act (HIPAA) requirements.

Scope and Definitions

1. Scope. This policy applies to all workforce members of TTUHSC health care components as designated in HPP 1.3 Hybrid Designation. This policy does not apply to TTUHSC Business Associates as that term is defined in 45 CFR 160.103.

2. Workforce Member. TTUHSC workforce member means employees, residents, students, volunteers and other persons whose conduct, in performance of work for TTUHSC, is under the direct control of TTUHSC, whether or not they are paid by TTUHSC. It does not include Business Associates or their employees and agents. See 45 CFR 160.103.

Definitions

Refer to HPP 1.1 for Glossary of HIPAA Term

See *Old/New HIPAA Policy Number Cross Reference Chart*

Policy

All TTUHSC workforce members are required to complete initial and refresher HIPAA privacy training and education as set forth in this policy.

Procedure

1. General

   a. Training Materials. The Institutional Privacy Officer (IPO) is responsible for developing and/or approving the HIPAA privacy training materials necessary to satisfy the training requirements outlined in this policy. .

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

The IPO, Regional Privacy Officers (RPO) and/or their designees shall provide any live HIPAA Privacy training provided under this policy.

c. Tracking. Unless otherwise noted, the IPO and RPOs are responsible for tracking completion of HIPAA Privacy training required by this policy. The IPO and/or RPOs are responsible for notifying supervisors/directors if required HIPAA privacy training has not been timely completed by workforce members under their supervision.

d. Supervisors/Directors. It is the responsibility of the supervisor/director of each TTUHSC health care component to make sure the workforce members under his/her supervision timely completes the HIPAA privacy training required under this policy.

2. Training

Orientation. All TTUHSC workforce members shall receive initial HIPAA Privacy and Security training as part of new employee orientation and shall sign the Confidentiality Agreement, Attachment B of TTUHSC OP 52.09, http://www.ttuhsc.edu/hsc/op/op52/op5209b.pdf. Training should be completed within thirty (30) days of employment.

a. TTUHSC Research. All TTUHSC clinical researchers, co-investigators and research staff must complete the HIPAA Privacy module contained within the Collaborative IRB Training Initiative (CITI), Protection of Human Research Subjects administered by the University of Miami. This training may be in addition to any other HIPAA privacy training that is required to be completed by TTUHSC workforce members.

b. Refresher Training. All TTUHSC workforce members will be required to take refresher training annually, based on a calendar year.

c. Additional Training. The IPO and/or RPOs may require TTUHSC workforce members to complete additional HIPAA privacy training to address non-compliance and/or minimize the risk of future non-compliance.

3. Response to Non-Compliance

a. Failure to complete the mandatory annual education within the time frames outlined above, may result in one or more of the following actions:
    i. Reported to the individual's supervisor and/or chair for corrective action to include completion of the education required under this policy;
    ii. Disciplinary action, as applicable, in accordance with HSC OP 70.31, Employee Conduct, Discipline and Separation of Employees.

b. Non-compliance with this policy may be reported to the HIPAA Privacy and Security Committee (HPSC) as appropriate for further corrective action. If necessary the HPSC may refer the matter to the ICO and/or ICWC for further action.

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 www.ethicspoint.com under HSC.

Approval Authority

Questions regarding this policy may be addressed to their RPO (Amarillo, Lubbock, Permian Basin), the IPO or the Institutional Compliance Officer.

Responsibility and Revisions

This policy may be amended or terminated at any time.