

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

<b>Monitoring Use and Safeguards of PHI</b>	<b>Policy 2.1</b>
<b>Monitoring Use and Safeguards of PHI</b>	<b>Effective Date: July 1, 2016</b>
<b>References:</b> <a href="http://www.hhs.gov/ocr/hipaa">http://www.hhs.gov/ocr/hipaa</a> HSC HIPAA website <a href="http://www.ttuhscc.edu/hipaa/policies_procedures.aspx">http://www.ttuhscc.edu/hipaa/policies_procedures.aspx</a>	

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**Policy Statement**

It is the policy of the Texas Tech University Health Sciences Center (TTUHSC) to insure patient's health information is used appropriately by faculty, employees and contractors. Audits will be used to monitor compliance with HIPAA regulations and TTUHSC HIPAA policies and procedures, and to assist in reducing risk of non-compliance.

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**Scope and Distribution**

This policy applies to all PHI maintained by TTUHSC. It does not apply to health care information of inmates seen or treated by TTUHSC providers.

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**Definitions**

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

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

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**Procedure**

For-cause and routine audits will be conducted by each campus' Regional Privacy Officers to insure compliance with HIPAA rules and regulations as well as TTU policies and procedures.

For-cause audits are those related to known or suspected concerns/issues. For-cause audits will be conducted depending on the level of risk the issue/concern presents to the Institution. High risk issues i.e., high probability of a violation of HIPAA regulations and/or HSC policy would be considered more urgent and audited as soon as feasible within the current year's work plan. Other issues may be lower risk and may be scheduled in a future work plan.

Routine audits include Privacy Assessments of clinical departments, which are conducted at least biennially.

Audits consist of one or more of the following:

- staff/faculty interviews to determine general knowledge of responsibilities in protecting PHI;
- review of policies and procedures;
- review of records to verify compliance;
- observed staff practices;
- facility inspection to insure required postings and controls are in place.

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Audit results will be communicated to the HIPAA Privacy and Security Committee (HPSC).

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](http://www.ethicspoint.com) under HSC.

### **Approval Authority**

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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](#).

### **Responsibility and Revisions**

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This policy may be amended or terminated at any time to reflect changes in TTUHSC operating policies or applicable laws and regulations.