

MedsFile HIPAA Organization for Compliance

(Last updated 10/02/2009)

PURPOSE:

The Health Insurance Portability and Accountability Act of 1996 (HIPAA) granted certain rights to individuals regarding their protected health information (PHI). This policy has been drafted to ensure a structure for MEDSFILE compliance with applicable elements of the law and to guide MEDSFILE staff in assisting clients to exercise their rights.

POLICY:

1.0 HIPAA Chief Privacy Officer. The president shall appoint a HIPAA Chief Privacy Officer whose responsibilities are listed below.

1.1 Responsibilities:

- 1.1.1 Responsible for overall coordination and oversight of compliance with HIPAA; ultimately assures that policies and procedures required by HIPAA are developed and implemented in a timely manner.
- 1.1.2 Serves or appoints a designee as Privacy Officer At Large for MEDSFILE units that do not have their own Privacy Officer; assures that these units are kept informed about HIPAA requirements and developments.
- 1.1.3 Serves as Chair of the HIPAA Compliance Council; assures that responsibilities of this committee, HIPAA Chief Privacy Officer, and HIPAA Privacy Officers are coordinated so that persons best suited to complete tasks in each situation are assigned to those tasks; in cases of disagreement, makes decisions as to which officer and/or committee (in the case of committee creations) shall be primarily responsible for certain tasks.
- 1.1.4 Serves as information privacy consultant for all MEDSFILE departments and appropriate entities; works with all MEDSFILE personnel involved with any aspect of release of protected health information, to ensure full coordination and cooperation under MEDSFILE's policies and procedures and legal requirements.
- 1.1.5 Oversees privacy and security compliance activities, working closely with HIPAA Privacy Officers and HIPAA Security Officer. (see below)
- 1.1.6 Signs off on all HIPAA related policy and procedure statements, including those which are specific to only one component of the MEDSFILE hybrid covered entity.
- 1.1.7 Works in coordination with the Office of General Counsel,
 - 1.1.7.1 Provides guidance and assists in the identification, development, implementation and maintenance of uniform MEDSFILE HIPAA privacy and security policies and procedures.

- 1.1.7.2 Prepares uniform business associate agreements for outside vendors; develops the standard privacy policy to be used by each component of the hybrid covered entity.
- 1.1.7.3 Maintains and applies current knowledge of applicable federal and state privacy laws and accreditation standards.
- 1.1.7.5 Serves as primary contact between the Office of Civil Rights, or other legal entities, and MEDSFILE officials in any compliance reviews or investigations

2.0 HIPAA Privacy Officers.

There shall be HIPAA Privacy Officers reporting to the HIPAA Chief Privacy Officer. In the event another MEDSFILE component is added to the hybrid covered entity, the Director of that unit shall assume the responsibilities as Privacy Officer. The HIPAA Chief Privacy Officer or designee shall serve as Privacy Officer at large for other units that are part of the hybrid that is the covered entity.

2.1 Responsibilities:

- 2.1.1 Assist in preparing uniform HIPAA related policies and procedures relating to Uses and Disclosures.
- 2.1.2 Assure implementation and compliance with HIPAA policies and procedures within their units.
- 2.1.3 Establish process and site specific training for all staff within the unit who have access to PHI.
- 2.1.4 Collect and maintain current Business Associate agreements with all vendors to their units who are covered by HIPAA regulations.
- 2.1.5 Assure that HIPAA Privacy Notices are available and communicated as required by HIPAA.
- 2.1.6 Oversee clients and employee rights to inspect, request to amend, and restrict access to protected health information.
- 2.1.7 Assure that practices are in place to mitigate harmful effects of use or disclosure of protected health information in violation of MEDSFILE policies and procedures or requirements of law.
- 2.1.8 Serve on the HIPAA Compliance Council.

3.0 HIPAA Training Officer.

The HIPAA Chief Privacy Officer, with the concurrence of the appropriate vice president, shall appoint the HIPAA Training Officer.

3.1 Responsibilities:

- 3.1.1 Oversees, directs and delivers or ensures delivery of privacy training and orientation to all employees and volunteers, except training specific to one health care component of hybrid entity.
- 3.1.2 Coordinates to assure that all HIPAA Level 2 training needed is provided.
- 3.1.3 Oversees maintenance of the HIPAA website.
- 3.1.4 Provides oversight of distribution of information about HIPAA and compliance requirements to employees, contractors and others within the MEDSFILE community.
- 3.1.5 Initiates, facilitates and promotes activities to foster information privacy awareness within MEDSFILE.
- 3.1.6 Maintains records of training completed by MEDSFILE employees within the MEDSFILE hybrid covered entity.
- 3.1.7 Serves on the HIPAA Compliance Council.

4.0 HIPAA Complaint Officer.

The HIPAA Chief Privacy Officer, with the concurrence of the appropriate vice president, shall appoint the HIPAA Complaint Officer.

4.1 Responsibilities:

- 4.1.1 Establishes and administers a process for receiving, documenting, tracking, investigating and taking action on all complaints and reports of possible violations concerning MEDSFILE's HIPAA privacy policies and procedures.
- 4.1.2 Assures that MEDSFILE has effective policies and procedures for protecting individual from retaliation for exercising rights under HIPAA.
- 4.1.3 Assures consistent application of sanctions for failure to comply with privacy policies for all individuals in MEDSFILE's workforce and for all business associates, in cooperation with Human Resources and the HIPAA Security Officer.
- 4.1.4 Serves on the HIPAA Compliance Council.

5.0 HIPAA Security Officer.

The HIPAA Chief Privacy Officer and the Chief Information Officer will agree upon a person on the staff of the Office of Information Technology to be appointed HIPAA Security Officer.

5.1 Responsibilities:

- 5.1.1 Reviews all system-related information security plans throughout MEDSFILE's network to ensure alignment between security and privacy practices.
- 5.1.2 Assures compliance with electronic transaction standards.
- 5.1.3 Acts as liaison to the Office of Information Technology.
- 5.1.4 Monitors advancements in information privacy technologies to ensure MEDSFILE adaptation and compliance.

- 5.1.5 Coordinates establishment of systems, policies and procedures to comply with Security Regulations of HIPAA.
- 5.1.6 Serves on the HIPAA Compliance Council.

6.0 HIPAA Compliance Council

6.1 Composition:

- 6.1.1 HIPAA Chief Privacy Officer (Chair)
HIPAA Privacy Officers
HIPAA Complaint Officer
HIPAA Training Officer
HIPAA Security Officer
Representatives from:
Marketing, Sales, and IT

6.2 Meetings:

- 6.2.1 S Semi-annually, or at call of Chair.

6.3 Responsibilities:

- 6.3.1 Assures communication among all units of the University involved with HIPAA compliance.
- 6.3.2 Engages in problem solving where broad input is needed.
- 6.3.3 Provides feedback on the successes and challenges of communication of HIPAA goals and rules to the company at large.
- 6.3.4 Advocates for company-wide HIPAA policy and procedure wherever feasible.
- 6.3.5 Assures consistency in HIPAA related policies and procedures among components of hybrid covered entity.
- 6.3.6 Designates sub-committees as necessary.
- 6.3.7 Arranges for periodic information privacy risk assessments and compliance monitoring.
- 6.3.8 Arranges for periodic review to assure that MEDSFILE has appropriate administrative, technical and physical safeguards for protected health information, and confidentiality authorization forms and information notices.
- 6.3.9 Assures representation of MEDSFILE information privacy interests with external parties (state or local government bodies) who undertake to adopt or amend privacy legislation, regulation, or standard.

MedsFile.com reserves the right to make exceptions to, modify or eliminate this policy. This document supersedes all previous policies, procedures and directives relative to this subject.

