

# OHSU Integrity Office Privacy Education Policy

## 1. POLICY

This policy identifies the OHSU Integrity Office HIPAA privacy training guidelines for individuals associated with or who provide services for OHSU. It also describes oversight responsibilities for implementation of these guidelines.

**Workforce:** All members of OHSU's workforce must complete OHSU's HIPAA (the Health Insurance Portability and Accountability Act of 1996) privacy training program. This requirement applies regardless of whether an individual is involved in patient care. Those who do not complete the training are subject to corrective action.

**Non-Workforce:** The training requirement for those who are not part of OHSU's workforce depends on their level of contact with protected health information (PHI) and what level of direction and control OHSU has over their activities. Agency nurses, temporary employees, and visiting health care students must complete OHSU's privacy training program. Vendors and individuals under contract to perform services for OHSU and who whose responsibilities at OHSU include planned or contemplated access to PHI must either 1) complete OHSU's HIPAA privacy training program or 2) be a party to a Business Associate Agreement with OHSU. Vendors, sales representatives and visitors who are NOT under contract and who whose responsibilities at OHSU include planned or contemplated access to PHI must complete the OHSU privacy training program.

Non-workforce members whose access to PHI is indirect or incidental shall be given a brochure on protecting patient confidentiality. This brochure can be obtained through the Office of Information Privacy and Security. No further action is required.

## 2. DEFINITIONS

**Business Associate:** A business associate is a person or organization who uses PHI to perform a function, service, or activity for OHSU, or to help OHSU perform certain activities. A business associate may also create or store PHI on OHSU's behalf. By definition, a business associate is NOT a member of OHSU's workforce.

**Business Associate Agreement:** A business associate agreement is a contractual arrangement between OHSU and its business associates. It describes how these business associates will safeguard protected health information entrusted to them by OHSU.

**Incidental Contact with PHI:** Incidental contact with PHI means an exposure that is not planned or contemplated as part of the person's activities at OHSU. If exposure to PHI is required, expected, or contemplated as part of a person's activities and responsibilities at OHSU then it is not incidental, even if the amount of PHI disclosed is minimal.

**Protected Health Information (PHI):** Protected health information means individually identifiable health information that is transmitted or maintained in any form, whether oral, electronic or paper

**Workforce:** Workforce means employees, volunteers, students, trainees, and other persons under the direct control of OHSU, whether or not they are paid by OHSU.

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### **3. GUIDELINES**

**OHSU Workforce Members:** Completion of HIPAA privacy training is mandatory for new personnel and shall be a prerequisite for attending employee orientation, receiving an OHSU ID badge, and for obtaining computer and facility access. OHSU may require additional training in certain circumstances such as a change in an employee's job responsibilities. Workforce members are expected to complete HIPAA training as soon as possible after starting work or beginning classes. Those who have not completed HIPAA training after 30 days are subject to corrective action. A significant change in the HIPAA privacy regulations may require additional training.

**Non-Workforce members:** For those non-workforce members who have more than incidental contact with PHI, completion of HIPAA privacy training shall be a prerequisite for receiving an OHSU ID badge and for being granted access to OHSU facilities and/or information systems. Non-workforce members whose access to PHI is indirect or incidental should be given a brochure on protecting patient confidentiality when they are first given access to OHSU's facilities.

### **4. ACCOUNTABILITY**

**OHSU Workforce Members:** Information on the HIPAA privacy training requirement shall be provided through new employee orientation, student orientation, OHSU Physician Credentialing Office, and Volunteer Services. All area managers, directors, and supervisors are responsible for ensuring that personnel in their areas meet this requirement and for initiating corrective action for non-compliance. If an employee has a change in job responsibilities that warrants further HIPAA training (for instance, moves into a position that now involves human subjects research), their manager is responsible for ensuring that this takes place. Employee reports are available on-line. Student and volunteer reports are available through the OHSU Office of Information Privacy & Security.

**Non-Workforce members:** For non-workforce members, area managers, directors, and supervisors where these persons are present are responsible for ensuring that they have met the requirements described above.

### **5. ADDITIONAL CONSIDERATIONS**

**ADA provisions:** Individuals who are required to complete the OHSU privacy training program but due to visual, auditory, or other documented impairment are unable to do so, shall, if necessary, receive an extension of the 30-day training deadline to allow for alternate accommodations. Alternate training arrangements shall be made through the Office of Information Privacy & Security. (Ref: OHSU policy 02-01-002)

**Emergency Computer Access:** If emergency computer access is required prior to completing required privacy training, an individual may receive temporary waiver of the privacy training requirement from the Office of Information Privacy and Security. Accommodations for temporary access shall then be arranged through OHSU Computer Access Department. Access shall expire within seven calendar days and cannot be re-enabled until training has been completed.