

Texas Tech University Health Sciences Center El Paso HIPAA Privacy Policy

Training and Education	Policy: HPP 1.4
Privacy Training	Effective Date: July 20, 2010
References: 45 CFR 160.103 and 45 CFR 164.520, http://www.hhs.gov/ocr/hipaa	
TTUHSC El Paso HIPAA Website: http://elpaso.ttuhscc.edu/hipaa/	

Policy Statement

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

Scope

Scope. This policy applies to all workforce members of TTUHSC El Paso health care components as designated in HPP 1.3 Hybrid Designation. This policy does not apply to TTUHSC El Paso business associates, as that term is defined in [45 CFR 160.103](#).

Workforce Member. TTUHSC El Paso workforce member means employees, residents, students, volunteers and other persons whose conduct, in performance of work for TTUHSC El Paso, is under the direct control of TTUHSC El Paso, whether or not they are paid by TTUHSC El Paso. It does not include business associates or their employees and agents. See [45 CFR 160.103](#).

Policy

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

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 and/or their designees shall provide any live HIPAA Privacy training provided under this policy.
- c. Tracking. Unless otherwise noted, the IPO is responsible for tracking completion of HIPAA Privacy training required by this policy. The IPO is 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 El Paso health care component to make sure the workforce members under his/her supervision timely completes the HIPAA privacy training required under this policy.

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2. Training

- a. Orientation. TTUHSC El Paso 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 El Paso OP 52.09, <http://www.ttuhscc.edu/hsc/op/op52/op5209b.pdf>. Training should be completed within thirty (30) days of employment.
- b. TTUHSC El Paso Research. All TTUHSC El Paso 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 El Paso workforce members.
- c. Refresher Training. TTUHSC El Paso workforce members will be required to take refresher training annually, as made available and upon the schedule determined by the IPO or designee. Training should be completed within 90 days from date of assignment.
- d. Additional Training. The IPO may require TTUHSC El Paso 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 required education within the time frames outlined above may result in one or more of the following actions until such time as the required education is completed:
 - i. Reported to the individual's supervisor and/or chair for corrective action, including disciplinary action, as applicable in accordance with <http://elpaso.ttuhscc.edu/opp/documents/70/op7031.pdf>
 - ii. Suspension of a provider's billing privileges;
 - iii. Suspension of Resident's clinical privileges.
- b. Non-compliance with this policy may be reported to the TTUHSC El Paso privacy and security committee and/or ICWC as appropriate for further corrective action

Knowledge of a violation or potential violation of this policy must be reported directly to the institutional privacy officer or to the employee compliance hotline at (866) 294- 9352 or www.ethicspoint.com under Texas Tech University System

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Frequency of Review

The TTUHSC El Paso Privacy and Security Committee have authority for HIPAA policy approval

Questions regarding this policy may be addressed to the [institutional privacy officer](#) or [institutional compliance officer](#)

This policy may be amended or terminated at any time.

Review Date: September 11, 2018

Revision Date: October 30, 2015, July 19, 2016, Sept 18, 2018