

Texas Tech University Health Sciences Center El Paso HIPAA Privacy Policy

Policy: HPP 1.0	Effective Date: May 15, 2016
Framework of TTUHSC El Paso HIPAA Privacy and Security Program	Last Revision Date: January 17, 2023
References: http://www.hhs.gov/ocr/hipaa	

Policy Statement

The purpose of this Texas Tech University Health Center El Paso HIPAA Policy and Procedure (HPP) is to provide a framework for Texas Tech University Health Sciences Center El Paso’s (TTUHSC El Paso) compliance with the provisions of the Health Insurance Portability and Accountability Act of 1996 (HIPAA) and state laws and regulations for the privacy and security of health information.

Scope

This policy applies to all health care clinical and non-clinical service areas owned and/or operated by TTUHSC El Paso.

Policy

1. Obligations of Workforce Members

TTUHSC El Paso faculty, staff, residents, students, volunteers, trainees, and temporary employees whether internal or external, are required to follow federal and state laws, as well as TTUHSC El Paso policies regarding the privacy and security of protected health information (PHI).

2. Institutional Privacy Officer and Information Security Officer

- a. Privacy. TTUHSC El Paso’s Institutional Privacy Officer (IPO) is responsible for developing and implementing HIPAA privacy policies approved by the HIPAA Privacy and Security Committee, (initial and on-going) HIPAA privacy training, monitoring the use and disclosure of PHI; investigating HIPAA privacy concerns and complaints.
- b. Security. TTUHSC El Paso’s Information Security Officer (ISO) is responsible for developing and implementing HIPAA security policies, providing initial and on-going cyber security training to ensure HIPAA compliance, monitoring the security of TTUHSC El Paso electronic PHI; and investigating HIPAA security breaches, concerns, and complaints.
- c. The IPO and ISO shall work collaboratively to encourage and foster compliance with HIPAA privacy and security laws and regulations, as well as related TTUHSC El Paso policies. This may include working with schools and clinical administration to assist with HIPAA compliance activities.

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3. HIPAA Privacy and Security Committee

- a. Establishment of HIPAA Privacy and Security Committee. The president established the Institutional HIPAA Privacy and Security Committee to oversee issues and concerns related to the privacy and security of PHI and electronic PHI (ePHI), with reporting obligations to Institutional Compliance Committee, the HIPAA Privacy and Security Committee, and any subcommittees established under it, the HIPAA Privacy and Security Committee shall be considered a “medical committee” as defined under Texas Health & Safety Code § 161.031(a), and/or other applicable state and federal statutes. All documents generated by, submitted to, or created for the purposes of fulfilling the HIPAA Privacy and Security Committee’s duties are confidential and privileged and shall be identified as “confidential medical committee” documents.
- b. Membership. The HIPAA Privacy and Security Committee shall consist of the following voting members: (Members may serve in more than one capacity.)
 - Institutional Privacy Officer
 - Information Security Officer
 - Institutional Compliance Officer
 - Representative from the Office of Research
 - Representative from Clinical Administration
 - Representative from Student Affairs
 - Medical Records Office
 - Representative from Information Technology Services

The IPO and ISO shall serve as the chair and co-chair of the HIPAA privacy and security Committee.

- c. Responsibilities. The HIPAA Privacy and Security Committee shall:
 - 1) Policies. Recommend, review, and/or approve HIPAA Privacy and Security policies, which shall be incorporated by reference into this policy and posted on the following websites:
 - HIPAA Privacy Policies: <http://elpaso.ttuhscc.edu/hipaa/policies-procedures.aspx>
 - HIPAA Security: <http://elpaso.ttuhscc.edu/it/>
 - 2) Monitoring. Provide guidance and oversight of HIPAA privacy and security monitoring activity conducted by the IPO and ISO.
 - 3) Investigations/Reports. Review reports of investigations of concerns and /or complaints related to HIPAA privacy and/or security compliance and review responsive or corrective actions(s) taken to minimize the risk of similar non-compliance in the future. The committee may recommend further action to persons with authority to implement such recommendations.

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- 4) Communication. Responsible for reporting information back to respective areas to bring awareness to HIPAA regulations, HITECH law, and HIPAA privacy and security policies.
- 5) Meetings. The HIPAA Privacy and Security Committee shall meet quarterly or more often as necessary to address HIPAA privacy, and/or HIPAA security matters.
- 6) Violations.

Violations of HIPAA privacy or security laws, or TTUHSC El Paso policies shall be reported to the IPO and/or ISO, or in accordance with HSCEP OP 52.04, Report and TTUHSC El Paso Internal Investigation of Alleged Violations; Non-Retaliation.

Violations of HIPAA privacy or security policies may be subject to legal or disciplinary action in accordance with applicable civil and criminal laws, rules, and HSCEP OP 52.14, HIPAA Sanctions Process.

- 7) Training

All workforce members are required to complete initial and refresher HIPAA privacy and security training and education as set forth by federal and state law. All new TTUHSC El Paso workforce members must complete training within the first 30 days of employment.

Annual Refresher training will be assigned based on a calendar year.

- a. Training Materials. The IPO and ISO are responsible for developing and/or approving the HIPAA privacy and security training materials.
 - b. Training Modalities. Various methods may be used to deliver HIPAA privacy and security training, including, but not limited to Tech Training, live, video, internal/external web-based sessions, email, memorandum, newsletters, or any combination thereof.
 - c. Tracking. Annual HIPAA training is tracked via the Tech Training system. The IPO is responsible for notifying supervisors/directors if required HIPAA training has not been timely completed by workforce members under their supervision.
- 8) Right to Change Policy

TTUHSC El Paso reserves the right to interpret, change, modify, amend, or rescind any policy in whole or in part at any time without the consent of the workforce.

This policy and procedure will be documented and retained for a period of six years from the date of its creation or the date when it was in effect, whichever is later.

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Knowledge of a violation or potential violation of this policy must be reported directly to the Institutional Privacy Officer or to the Fraud and Misconduct hotline at 866 294-9352 or www.ethicspoint.com under “Texas Tech University System”.

Frequency of Review

This policy will be reviewed on each odd-numbered year (ONY) by the Institutional Privacy Officer and the HIPAA Privacy and Security Committee, but may be amended or terminated at any time.

Questions regarding this policy may be addressed to the Institutional Privacy Officer or Institutional Compliance Officer.

Review Date: January 9, 2023

Revision Date: May 15, 2018, September 21, 2021, January 17, 2023