

Highlights

HIPAA Training Program

Content of HIPAA
Training Program

Newly Hired Employees/
Business Associates

Acknowledgement of
Training Attendance

Staff Development
Director/ Coordinator

Annual Training

Policy Statement

All facility personnel, including business associates, are required to attend our facility's HIPAA compliance training program.

Policy Interpretation and Implementation

1. To ensure the confidentiality of our resident's protected health information (PHI) and facility information, a HIPAA and data security training program will be provided for all employees and business associates who have access to protected health and facility information.
2. The HIPAA Training Program includes, but is not limited to:
 - a. An overview of the HIPAA guidelines and regulations relative to the protection of resident and facility information;
 - b. A review of our facility's HIPAA policies and procedures;
 - c. A review of our facility's policies governing the sharing of passwords and user ID codes;
 - d. A review of facility policies on the reporting of known or suspected incidents of unauthorized use or disclosure of protected health or facility information;
 - e. The purpose of our facility's user confidentiality agreement;
 - f. The identity and location of our facility's HIPAA Compliance Officer; and
 - g. Other information relative to the protection and security of resident and facility information.
3. All newly hired employees and business associates will be required to undergo our HIPAA Training Program before being allowed access to resident or facility information.
4. Department directors will be required to have a signed and dated written acknowledgement from the HIPAA Compliance Officer that the new employee or business associate has completed the HIPAA Training Program before being allowed access to our facility's information systems.
5. The Staff Development Coordinator maintains a record of all personnel who attend the HIPAA Training Program. Entries are made in the employees' and business associates' permanent records of such attendance.
6. Annual updates to training programs are made as information or technology changes are indicated. Should a change in our training program or security systems occur before an annual training session is scheduled, the employee or business associate will receive interim training materials or abbreviated instructions until a full training session is held.

Title: HIPAA Training Program
Manual: Administrative
Number: GA027

Chapter: General Administration

References	
OBRA Regulatory Reference Numbers	See the Health Insurance Portability and Accountability Act (HIPAA) regulations at: http://www.hhs.gov/ocr/hipaa/finalreg.html
Survey Tag Numbers	n/a
Related Documents	HIPAA Compliance Officer; Staff Development Policies (<i>Personnel</i>)
Policy Revised	Date: <u>06/01/2016</u> By: <u>M Carey</u> Date: _____ By: _____ Date: _____ By: _____ Date: _____ By: _____

Highlights

Issue of Privacy Notices

Content of Privacy Notices

Policy Statement

Each resident will receive a notice of the uses and disclosures of his/her Protected Health Information (PHI) that may be made by or on behalf of the facility, and the resident's right and our facility's legal duties with respect to the resident's PHI.

Policy Interpretation and Implementation

1. Upon admission to the facility, residents will be provided with a copy of our facility's Privacy Notice relative to protected health information.
2. Privacy notices are provided in an easy to read language and contain, as a minimum, the following elements:
 - a. A statement indicating how medical information about the resident may be used and disclosed and how the resident can obtain access to such information;
 - b. A description, including at least one example, of the types of uses and disclosures that the facility is permitted to make for purposes of treatment, payment and healthcare operations, with sufficient detail to place an individual on notice of the uses and disclosures permitted or required;
 - c. A description of each of the other purposes for which the facility is permitted or required to use or disclose PHI without the resident's consent or authorization, with sufficient detail to place an individual on notice of the uses and disclosures permitted or required;
 - d. A statement that other uses or disclosures will be made only with the resident's written authorization, and that the authorization may be revoked in accordance with the policy on authorization;
 - e. A statement of the resident's rights with respect to his/her PHI, and a brief description of how the resident may exercise those rights, including:
 - (1) The right to request restrictions on certain uses/disclosures of PHI, and the fact that the facility does not have to agree to such restrictions;
 - (2) The right to receive confidential communications of PHI;
 - (3) The right to inspect and copy PHI;
 - (4) The right to amend PHI;
 - (5) The right to receive an accounting of disclosures of PHI; and
 - (6) The right to receive a paper copy of the privacy notice.
 - f. A statement of the facility's duties with respect to PHI, including statements:
 - (1) That the facility is required by law to maintain the privacy of PHI and to provide residents with notice of its legal duties and privacy policies;
 - (2) That the facility is required to abide by the terms of its current effective privacy notice; and
 - (3) That the facility reserves the right to change the terms of the notice and make the new notice provisions effective for all PHI maintained, along with a description of how the facility will provide residents with the revised notice.

Title: Privacy Notice
Manual: Administrative
Number: GA042

Chapter: General Administration

Retention of Privacy Notices

Oral Review of Privacy Notices

- g. A statement that residents may complain to the facility and to the Secretary of the U. S. Department of Health and Human Services about privacy rights violations, including a brief statement about how a complaint may be filed and an assurance that the resident will not be retaliated against for filing a complaint;
 - h. The name, or title, and telephone number of the facility's HIPAA Compliance Officer to contact for further information; and
 - i. The effective date of the notice, which may not be earlier than the date printed or published.
3. A copy of privacy notices issued to residents will be retained for a period of not less than six (6) years from the later of the date of creation or the last effective date.
 4. Oral review of privacy notices will be made by the HIPAA Compliance Officer when such request is made by the resident.

References	
OBRA Regulatory Reference Numbers	See the Health Insurance Portability and Accountability Act (HIPAA) regulations at: http://www.hhs.gov/ocr/hipaa/finalreg.html
Survey Tag Numbers	n/a
Related Documents	Protected Health Information (PHI), Use or Disclosure for TPO Purposes (<i>Medical Records - PHI</i>)
Policy Revised	Date: <u>06/01/2016</u> By: <u>M. Carey</u> Date: _____ By: _____ Date: _____ By: _____ Date: _____ By: _____