

HIPAA Training Program Plan (subject to change)

1. Primary HIPAA Training

This base-level training has been developed to address CMU policies and procedures applicable to HIPAA regulations including but not limited to HIPAA Privacy, Security, Breach Notification, Sanctions, and other topics necessary and appropriate for Workforce Members to understand and carry out their functions within CMU's Hybrid Entity.

a. Who is required to complete this training?

i. All HIPAA Workforce Members

- 1.** A "Workforce Member" includes employees, students, volunteers, trainees, and other persons whose conduct, in the performance of work for a unit in the CMU Hybrid Entity is under the direct control of such entity, whether or not they are paid by the entity. This includes but is not limited to any individual at a CMU worksite who has access to PHI. The student category includes but is not limited to fellows and residents. See CMU Policy #12-2: Hybrid Entity Defined Attachment A for more information regarding units within the CMU Hybrid Entity

ii. Others who may be required to take the training:

- 1. Students enrolled in certain CMU courses** may be required to take this HIPAA training. HIPAA Privacy Office reserves the right to determine the appropriate level of specific training materials and whether such training is required. Refer also to Academic Training below
- 2. Job Shadowing** – Individuals participating in job shadowing opportunities for one week or less within CMU's Hybrid Entity are required to sign a HIPAA Confidentiality Agreement, however, will not be required to take the Primary HIPAA training. Individuals job shadowing greater than one week must be approved by the HIPAA Privacy Office and must complete required HIPAA training as applicable to the Access Management Policy. All HIPAA Confidentiality Agreements will be retained at the unit where the job shadow experience was conducted
 - a.** The term "Job Shadow" refers to an opportunity for an individual to observe a professional doing their job
- 3. As determined appropriate by the HIPAA Privacy Office**

b. When is this training required?

i. Upon becoming a member of the HIPAA Workforce and annually thereafter

- 1.** As determined by workforce clearance coordinators within CMU's Hybrid Entity

ii. This training will also be updated on a biennial basis, typically in the Spring of even years (e.g., 2018, 2020, 2022 etc.)

2. Role-Based Training

Role-Based Trainings are developed to enhance a Workforce Member's ability to carry out functions of their role within the organization (e.g., Role-Based Training for Group Health Plan Workforce Members, Leadership and Management, etc.).

3. Focused Training

A Focused Training would serve to address current or potential problems in certain positions that may be prone to a higher risk of HIPAA incidents. It also serves to enhance knowledge and understanding of specific CMU policies and procedures. Examples of topics may include but are not limited to: methods of communicating electronic protected health information and protected health information (ePHI/PHI), email encryption, and adhering to patient rights.

a. Who is required to complete this training?

- i. Determined as needed

b. When is this training required?

- i. Determined as needed

4. Security and Awareness Training

Trainings of this type will focus on the administrative, physical, and technical safeguards that help protect the confidentiality, integrity, and availability of ePHI. Topics are based on organizational need and highest risk areas to include the following, at minimum: protection against malicious software, system protection capabilities, policies, and procedures for password management, how to create strong passwords, and policies and procedures for securing ePHI.

a. Who is required to complete this training?

- i. Determined as needed, may include all Workforce Members
- ii. Others who may be required to take the training:
 1. **Students enrolled in certain CMU courses** may be required to take this HIPAA training. The Office of HIPAA Compliance reserves the right to determine whether such training is required, and the appropriate level of specific training materials
 2. **Job Shadowing** – Individuals participating in job shadowing opportunities for one week or less within in CMU's Hybrid Entity are required to sign a HIPAA Confidentiality Agreement, however, will not be required to take the Primary HIPAA training. Individuals job shadowing greater than one week must be approved by the HIPAA Privacy Office and must have required HIPAA training as applicable to the Access Management Policy
 3. **As determined appropriate by the HIPAA Privacy Officer, HIPAA Security Officer, and Chief Information Security Officer**

b. When is this training required?

- i. Periodic Security and Awareness Training and reminders are conducted throughout each year on a weekly, monthly, quarterly, or annual basis. These trainings and reminders may either be in conjunction with or in addition to the OIT security awareness program

5. Corrective Action Training

This training is provided to Workforce Members as a corrective action step in response to a possible incident, breach, or other violation. This training is required on an as needed basis for any individual as assigned by the Office of HIPAA Compliance. The topic presented in this training is determined by the possible incident, breach, or violation that caused the Workforce Member to require a corrective action plan. Workforce Members may be required to repeat any past training as required by the HIPAA Privacy Officer due to perceived or potential risk and/or corrective action plan.

6. Academic Training

The Office of HIPAA Compliance has Academic HIPAA Training materials available which instructors can request and use as part of their course assignments. These materials are modified versions of the Primary HIPAA Training materials and are intended for educational purposes for students and others who may not be part of the HIPAA Workforce.

Note: Some colleges have created their own HIPAA Educational Modules/Materials that are not developed, maintained, or assigned by the Office of HIPAA Compliance and do not qualify as a required CMU HIPAA Training.

7. Clinical Refresher Training

This training is provided annually to student groups who are preparing for clinical rotations. It serves to refresh the knowledge and understanding of HIPAA before students begin their clinical rotation.

a. Who is required to complete this training?

- i. Students prior to clinical rotations

b. When is this training required?

- i. Ongoing/as requested

8. HIPAA in a Nutshell Newsletter

This training newsletter is sent to HIPAA workforce members on a periodic basis via Maestro. The newsletter covers various topics that act as additional HIPAA training on an ongoing basis. It also serves to enhance knowledge and understanding of specific CMU policies and procedures.

9. HIPAA Training Memos

This training will be sent to all HIPAA workforce members periodically acting as a HIPAA refresher training on various HIPAA topics (e.g., Information Blocking and Accessing Own Records). The memos will be provided during the Fall and Spring semesters during each academic calendar year.

10. Epic Training

This training is provided to HIPAA workforce members who have been given access to the Epic Electronic Medical Record (EMR) System. Covenant provides ongoing/as requested trainings to HIPAA workforce members to educate users on how to properly use and access Epic. Covenant offers training for both administrative and clinical roles as well as monthly trainings as requested by workforce members.