

Title/Subject: **HIPAA: ORGANIZATION FOR COMPLIANCE**

Applies to: faculty staff students student employees visitors contractors

Effective Date of This Revision: September 23, 2011

Contact for More Information: Chief Privacy Officer
Associate Dean/Administration & Finance
College of Medicine
989-774-7547

Board Policy Administrative Policy Procedure Guideline

PURPOSE:

The Health Insurance Portability and Accountability Act of 1996 (HIPAA) granted certain rights to individuals regarding their protected health information (PHI). This policy has been drafted to ensure a structure for CMU's compliance with applicable elements of the law and to guide CMU staff in assisting clients to exercise their rights.

POLICY:

1.0 **HIPAA Chief Privacy Officer.** The president shall appoint a HIPAA Chief Privacy Officer whose responsibilities are listed below.

1.1 Responsibilities:

- 1.1.1 Oversees overall coordination and oversight of compliance with HIPAA, ultimately assuring that policies and procedures required by HIPAA are developed and implemented in a timely manner.
- 1.1.2 Serves or appoints a designee as Privacy Officer At Large for CMU units that do not have their own Privacy Officer; assures that these units are kept informed about HIPAA requirements and developments.
- 1.1.3 Serves as chair of the HIPAA Compliance Council; assures that responsibilities of this committee, HIPAA Chief Privacy Officer, and HIPAA Privacy Officers are coordinated so that persons best suited to complete tasks in each situation are assigned to those tasks; in cases of disagreement, makes decisions as to which officer and/or committee (in the case of committee creations) shall be primarily responsible for certain tasks.
- 1.1.4 Serves as information privacy consultant for all CMU departments and appropriate entities; works with all CMU personnel involved with any aspect of release of protected health information, to ensure full coordination and cooperation under CMU's policies and procedures and legal requirements.
- 1.1.5 Oversees privacy and security compliance activities, working closely with HIPAA Privacy Officers and HIPAA Security Officer. (see below)
- 1.1.6 Signs off on all HIPAA related policy and procedure statements, including those which are specific to only one component of the CMU hybrid covered entity

Authority: George E. Ross, President

History: 4-14-2003; 10-19-2006

Indexed as: HIPAA Privacy Officer, HIPAA Training Officer; HIPAA Complaint Officer, HIPAA Security Officer; HIPAA Compliance Council; HIPAA Organizational Chart

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- 1.1.7 In coordination with the Office of General Counsel,
 - 1.1.7.1 Provides guidance and assists in the identification, development, implementation and maintenance of uniform CMU HIPAA privacy and security policies and procedures.
 - 1.1.7.2 Prepares uniform business associate agreements for outside vendors; develops the standard privacy policy to be used by each component of the hybrid covered entity.
 - 1.1.7.3 Identifies designee or serves as member of, or liaison to, CMU's Institutional Review Board (IRB). Also serves as the information privacy liaison for users of clinical and administrative systems.
 - 1.1.7.4 Maintains and applies current knowledge of applicable federal and state privacy laws and accreditation standards.
 - 1.1.7.5 Serves as primary contact between the Office of Civil Rights, or other legal entities, and CMU officials in any compliance reviews or investigations
- 2.0 **HIPAA Privacy Officers.** There shall be HIPAA Privacy Officers reporting to the HIPAA Chief Privacy Officer. The Directors of Health Services, Benefits & Wellness, and Carls Center for Clinical Care and Education shall serve as the appointees for their respective units. In the event another CMU component is added to the hybrid covered entity, the Director of that unit shall assume the responsibilities as privacy officer. The HIPAA Chief Privacy Officer or designee shall serve as Privacy Officer At Large for other units that are part of the hybrid that is the covered entity.
- 2.1 Responsibilities:
 - 2.1.1 Assists in preparing uniform HIPAA related policies and procedures relating to Uses and Disclosures.
 - 2.1.2 Assures implementation and compliance with HIPAA policies and procedures within their units.
 - 2.1.3 Establishes process and site specific training for all staff within the unit who have access to PHI.
 - 2.1.4 Collects and maintains current Business Associate agreements with all vendors to their units who are covered by HIPAA regulations.
 - 2.1.5 Assures that HIPAA Privacy Notices are available and communicated as required by HIPAA.
 - 2.1.6 Works with SAP analysts to develop reporting functionality regarding site specific Level 3 training and disclosures.
 - 2.1.7 Oversees patient and employee rights to inspect, request to amend, and restrict access to protected health information.

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- 2.1.8 Assures that practices are in place to mitigate harmful effects of use or disclosure of protected health information in violation of CMU policies and procedures or requirements of law.
 - 2.1.9 Serves on the HIPAA Compliance Council.
- 3.0 **HIPAA Training Officer.** The HIPAA Chief Privacy Officer, with the concurrence of the appropriate vice president, shall appoint the HIPAA Training Officer.
- 3.1 Responsibilities:
- 3.1.1 Oversees, directs and delivers or ensures delivery of privacy training and orientation to all employees and volunteers with access to PHI, except training specific to a component of the hybrid entity.
 - 3.1.2 Coordinates to assure that all HIPAA Level 2 training needed within the University is provided.
 - 3.1.3 Oversees maintenance of the HIPAA website and Blackboard training, coordinating with the Web master at Information Technology.
 - 3.1.4 Provides oversight of distribution of information about HIPAA and compliance requirements to employees, students, volunteers and others within the CMU community.
 - 3.1.5 Initiates, facilitates and promotes activities to foster information privacy awareness within CMU.
 - 3.1.6 Maintains records of training completed by CMU employees within the CMU hybrid covered entity according to the following Levels, based on location of employment:
 - Level 1: General HIPAA training for the following Departments within the Hybrid Entity:
 - Student Accounts Services and University Billing
 - Risk Management
 - Employee Relations
 - Faculty Personnel Services
 - General Counsel
 - Internal Audit
 - Level 2: Detailed HIPAA training for the Covered Entities within the Hybrid Entity:
 - University Health Services
 - Benefits & Wellness (as administrators of the self-funded health plan components of the Central Michigan University Flexible Benefits Plan)

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- The Carls Center for Clinical Care and Education

3.1.7 Serves on the HIPAA Compliance Council.

4.0 **HIPAA Complaint Officer.** The HIPAA Chief Privacy Officer, with the concurrence of the appropriate vice president, shall appoint the HIPAA Complaint Officer.

4.1 Responsibilities:

4.1.1 Establishes and administers a process for receiving, documenting, tracking, investigating and taking action on all complaints and reports of possible violations concerning CMU's HIPAA privacy policies and procedures.

4.1.2 Assures that CMU has effective policies and procedures for protecting individual from retaliation for exercising rights under HIPAA.

4.1.3 Assures consistent application of sanctions for failure to comply with privacy policies for all individuals in CMU's workforce and for all business associates, in cooperation with Human Resources, Faculty Personnel Services and the HIPAA Security Officer.

4.1.4 Serves on the HIPAA Compliance Council.

5.0 **HIPAA Security Officer.** The HIPAA Chief Privacy Officer and the Chief Information Officer will agree upon a person on the staff of the Office of Information Technology to be appointed HIPAA Security Officer.

5.1 Responsibilities:

5.1.1 Reviews all system-related information security plans throughout CMU's network to ensure alignment between security and privacy practices.

5.1.2 Assures compliance with electronic transaction standards.

5.1.3 Acts as liaison to the Office of Information Technology.

5.1.4 Monitors advancements in information privacy technologies to ensure CMU adaptation and compliance.

5.1.5 Coordinates establishment of systems, policies and procedures to comply with Security Regulations of HIPAA.

5.1.6 Serves on the HIPAA Compliance Council.

6.0 **HIPAA Compliance Council**

6.1 Composition:

6.1.1 HIPAA Chief Privacy Officer (chair)
HIPAA Privacy Officers
HIPAA Complaint Officer
HIPAA Training Officer

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HIPAA Security Officer
HR Systems Analyst from SAP Project Team
Representative of offices of

Public Relations
Student Account Services & University Billing
General Counsel
Dean of College of Health Professions

If not already represented,

Director of Risk Management
Manager of Employee Health & Wellness
Associate Vice Provost/Faculty Personnel Services
Associate Vice President for Human Resources
Director of Internal Audit
Director, Sports Injury Clinic
Director of the Carls Center for Clinical Care and Education (for the Carls Center and the following Departments and Clinics):

- Director, Clinical Instruction/Audiology in Department of Communication Disorders
- Director, Clinical Instruction/Speech Language Services in the Department of Communication Disorders
- Director, Psychological Training and Consultation Center (PTCC)
- Director, Driving Evaluation and Education Research Center (DEER)
- Director, Physical Therapy Clinics

Others may be asked to join as appropriate.

6.2 Meetings:

6.2.1 Semi-annually, or at call of the Chair.

6.3 Responsibilities:

- 6.3.1 Assures communication among all units of the University involved with HIPAA compliance.
- 6.3.2 Engages in problem solving where broad input is needed.
- 6.3.3 Provides feedback on the successes and challenges of communication of HIPAA goals and rules to the campus at large.
- 6.3.4 Advocates for University-wide HIPAA policy and procedure wherever feasible.
- 6.3.5 Assures consistency in HIPAA related policies and procedures among components of hybrid covered entity.
- 6.3.6 Designates sub-committees as necessary.

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- 6.3.7 Arranges for periodic information privacy risk assessments and compliance monitoring.
- 6.3.8 Arranges for periodic review to assure that University has appropriate administrative, technical and physical safeguards for protected health information, and confidentiality authorization forms and information notices.
- 6.3.9 Assures representation of University's information privacy interests with external parties (state or local government bodies) who undertake to adopt or amend privacy legislation, regulation, or standard.

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