


Name of Policy: <u>Health Insurance Portability and Accountability Act (HIPAA) compliance training policy.</u>		 Effective date: August 1, 2008	
Policy Number: 3364-15-08			
Approving Officer: President			
Responsible Agent: Compliance/Privacy Officer and Information Security Officer			
Scope: All University of Toledo Campuses			
	New policy proposal	X	Minor/technical revision of existing policy
	Major revision of existing policy		Reaffirmation of existing policy

(A) Policy statement

To educate appropriate institutional members about privacy and security in compliance with all Health Insurance Portability and Accountability Act of 1996 (HIPAA) regulations.

(B) Purpose of policy

All institutional members with access or potential exposure to protected health information will receive appropriate HIPAA privacy and security training as required under HIPAA regulations. This will apply for any system, electronic or other, which contains protected health information (PHI). Successful completion of initial training is a prerequisite for system access and a factor of job performance for all institutional members.

(C) Procedure

(1) Delegation of responsibilities.

- (a) The privacy office and information technology (IT) security and compliance, or their designees, are designated to provide administration of HIPAA compliance training for the university. These offices are responsible for the following:
 - (i) Development and delivery of HIPAA compliance training;
 - (ii) Periodically distributing HIPAA compliance reminders to inform all institutional members of HIPAA concerns and initiatives;
 - (iii) Measuring training completion success within the institution.

- (b) Contractors who need to access electronic protected health information will follow all business associate agreement provisions as determined by general counsel.

(c) Institutional members.

- (i) Existing institutional members who have access or may be exposed to PHI will complete HIPAA training. This also includes volunteers and contractors (as applicable);
- (ii) Training will be based upon job role, campus location, exposure to PHI and other appropriate factors as determined by the privacy office or information technology security and compliance;
- (iii) New institutional members will complete initial HIPAA training upon hiring.

(2) Enforcement.

The failure of any institutional member to perform any obligation required of this policy or applicable local, state and federal laws or regulations will be subject to established university disciplinary actions.

(D) Definitions

HIPAA. Acronym for the United States Health Insurance Portability and Accountability Act of 1996.

Institutional members. Anyone who participates in university activities, or has an affiliation with The University of Toledo. Includes, but is not limited to general staff, managers, medical staff, contractors, vendors, students, alumni and others involved in treatment, payment, or other normal operations of the university, whether or not they are paid by the university.

PHI. Acronym for protected health information, which is any information that can possibly be used to identify a patient.

<p>Approved by:</p> <p><u>/s/ laj</u> Lloyd A. Jacobs, M.D. President</p> <p><u>July 8, 2008</u> Date</p> <p><i>Review/Revision Completed by: Compliance/Privacy Officer Information Security Officer</i></p>	<p>Policies Superseded by This Policy:</p> <ul style="list-style-type: none">• <i>01-081 Workforce Training on HIPAA (former Health Science Campus policy effective 4/14/03)</i> <p>Initial Effective Date: August 1, 2008 Review/Revision Date: Next review date: August 1, 2011</p>
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