

Tulane University

DEPARTMENT: General Counsel's Office -- HIPAA	POLICY DESCRIPTION: Privacy Official
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APPROVED: April 1, 2003	REVISED:
EFFECTIVE DATE: April 14, 2003	POLICY NUMBER: GC-019

Tulane University Privacy Official

SCOPE OF POLICY

This policy applies to Tulane University Medical Group, its participating physicians and clinicians, and all University employees and business units who provide management, administrative, financial, legal, and operational support to or on behalf of Tulane University Medical Group and have been designated as part of the Tulane University HIPAA Health Care Component. This policy applies to the Tulane University Medical Group's Privacy Official and his or her designees. References to the Privacy Official also apply to designees.

STATEMENT OF POLICY

The University must have a Privacy Official to oversee and implement the Privacy Program and work to ensure the facility's compliance with the requirements of the HIPAA Standards for Privacy of Individually Identifiable Health Information. The Privacy Official is responsible for receiving complaints about matters of patient privacy.

From time to time, our patients may request that we provide certain additional privacy protections for their health information. It is hospital policy to respond to all patient requests with careful consideration and respect. Under the law, special procedures must be followed when handling certain types of requests. The following policy addresses the procedures that must be followed by the Privacy Official when handling patient requests for the following types of protections:

- Restrictions on uses and disclosures of protected health information
- Confidential communications with the patient or patient's personal representative

The Privacy Official, or his or her designee, should carefully review any patient requests for these privacy protections and determine which requirements will apply. Patient requests for privacy protections may only be granted or denied in accordance with the specific requirements below.

IMPLEMENTATION OF POLICY

The Privacy Official must:

- establish or identify a committee to be designated with Privacy Program oversight and responsibility;
- be a member of the HIPAA Steering committee and the HIPAA Privacy Committee.

The Tulane University Health Care Component shall designate an appropriate individual to serve as the Privacy Official.

The Tulane University Health Care Component is responsible for compliance with the requirements of the HIPAA Standards for Privacy of Individually Identifiable Health Information consistent with Tulane University's Privacy Program. The Privacy Official responsibilities for implementation and oversight of the Privacy Program include but are not limited to:

- 1) Privacy Policies and Standards

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- a) Communication and implementation of the Privacy Program to the Tulane University Health Care Component staff.
 - b) Assistance with deployment to and implementation by the appropriate Tulane University Health Care Component policies and procedures related to privacy.
 - c) Development, communication and implementation of Tulane University Health Care Component policies and procedures related to patient privacy.
- 2) Training
- a) Overseeing initial and ongoing training for all members of the Tulane University Health Care Component staff on the policies and procedures related to protected health information as necessary and appropriate to carry out their job-related duties and that training is promptly provided if there are any changes to the policies or procedures.
 - b) Ensuring all new members of the Tulane University Health Care Component staff are trained within a reasonable period of time, preferably during Orientation Training.
 - c) Document that training has been provided.
- 3) Advise members of the Tulane University Health Care Component staff on privacy matters as appropriate.
- 4) Complaints
- a) Serve as the individual to receive complaints concerning privacy rights.
 - b) In conjunction with other appropriate parties (*e.g.*, General Counsel's Office) investigate the complaint.
 - c) Document complaints received and their disposition.
- 5) Sanctions
- a) In conjunction with the appropriate manager, ensure violations of privacy policies and procedures are addressed as appropriate pursuant to Tulane University's Code of Conduct and human resource policies and procedures.
 - b) Document sanctions that are applied.
- 6) Mitigate, to the extent practicable, any harmful effect that is known to Tulane University from the use or disclosure of protected health information in violation of policies and procedures.

University Privacy Program responsibilities include but are not limited to:

- 1) Compliance with all policies and procedures related to the Privacy Program.
- 2) Implementation of policies and procedures for patient privacy designed to comply with the HIPAA Standards for Privacy of Individually Identifiable Health Information.
- 3) Creation of, and revisions to, the Tulane University Health Care Component policies and procedures promptly as necessary to comply with changes in the law. Changes must be documented and implemented.
- 4) Provision of a Notice of Privacy Practices to patients.
- 5) Compliance with the standards of any Joint Notice and the policies of an organized healthcare arrangement with respect to joint activities.
- 6) Ensure appropriate administrative, technical, and physical safeguards to protect health information from any intentional or unintentional use or disclosure that is in violation of privacy policies or standards.
- 7) Ensure any documentation required by the privacy policies be kept for a minimum of 6 years from the effective date.