**UNIVERSITY OF OKLAHOMA**

### **HIPAA Privacy Policies**

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| **Subject:** Training - Privacy | **Page:** 1 of 4 |
| **Policy #:** Privacy-17 (Admin.) | **Approved:** July 1, 2009 |
| **Effective Date:** July 1, 2009 | **Last Revised:** 2/1/16; 5/6/16 |

## **I. PURPOSE**

To provide for training regarding the University’s HIPAA Privacy Policies and procedures.

## **II. POLICY\***

University Workforce Members associated with Health Care Components shall take the University’s HIPAA Privacy training annually, as provided in this policy. In addition, training shall be provided to affected Workforce Members by the University Privacy Official or Health Care Component within a reasonable period of time after material changes to HIPAA or University policies and procedures are made.

On the Health Sciences Center campus, individuals who must take annual training are all volunteers, employees, and University students/trainees. On the Norman campus, those individuals are all volunteers, employees, and University students/trainees in a designated Health Care Component.

Employees include any person whose conduct is under the direct control of the Health Care Component, such as temporary employees and float pool staff.

Health Care Components may impose additional training requirements on their Workforce Members but may not waive any of the training requirements in this policy.

**III. PROCEDURE**

A. Program. The University, through the Privacy Official and committee(s) established by the Privacy Official, will direct the methods and manner in which the University’s Privacy training will be accomplished. (See the HIPAA Security Training policy for the HIPAA Security Training requirements.)

1. Materials. Training must be completed according to the standards in this Policy in order for the training requirement to be satisfied Training materials should include a test or some other opportunity to demonstrate understanding of the information presented..
2. Tracking.It is the responsibility of each Health Care Component, in coordination with

the Office of Compliance and/or Human Resources Office, to ensure that its employees, volunteers, and University students/trainees complete training according to the University’s HIPAA Privacy Policies.

1. A Privacy Training Coordinator, or Coordinators, should be designated by each Health Care Component to coordinate with the Office of Compliance and/or Human Resources Office to ensure that training is accomplished according to the University’s HIPAA Privacy Policies.

1. Training will be tracked by utilizing PeopleSoft or an equivalent system, with the assistance of the University’s Compliance, Human Resources, and Student Affairs or Admissions offices. If requested, the University’s Human Resources and Student Affairs or Admissions offices will provide reports to the Office of Compliance or designee indicating the names of new employees, volunteers, and University students/trainees and the Health Care Component/department, if applicable, with which they will be associated.

## Timing.Each new employee, volunteer, and University student/trainee must complete the University’s online HIPAA Privacy training as provided below.

1. Regular Employees must complete the University’s online HIPAA Privacy training within 30 days of becoming an employee. Health Care Components must also provide a written or oral review of their specific HIPAA Privacy policies and procedures relevant to the employee’s duties as soon as reasonably possible.
2. Temporary Employees must complete the University’s HIPAA Privacy training if they are expected to work for a Health Care Component for more than 5 consecutive days[[1]](#footnote-1)\*\*. Training must be completed on or before the 6th day of providing services to the Health Care Component and may be completed online or on a printed version of the online course. Documentation of training must be maintained by the Health Care Component. In addition, the Health Care Component must provide a review of its specific HIPAA Privacy policies relevant to the temporary employee’s duties as soon as reasonably possible.

a. Temporary employees providing fewer than 6 consecutive days of services may be required by the Health Care Component to take the University’s HIPAA Privacy training. The Health Care Component must, at a minimum, provide these individuals a review of HIPAA Privacy policies and procedures applicable to their duties as soon as reasonably possible.

b. Temporary Employees are required to execute the University’s Confidentiality Agreement (available on the University’s HIPAA website). The Health Care Component shall maintain that Agreement for at least six (6) years, or longer if required by other University policies.

## Volunteers (excluding volunteer faculty) must complete the University’s HIPAA Privacy training if they are expected to volunteer for a Health Care Component for more than 5 consecutive days.\*\* Training must be completed on or before the 6th day of providing volunteer services and may be completed online or on a printed version of the online course. In addition, the Health Care Component must provide a review of its HIPAA Privacy policies and procedures applicable to the volunteer’s duties as soon as reasonably possible.

## Volunteers providing fewer than 6 consecutive days of volunteer services may be required by the Health Care Component to take the University’s HIPAA Privacy training. The Health Care Component must, at a minimum, provide these volunteers a review of HIPAA Privacy policies and procedures applicable to the volunteer’s duties as soon as reasonably possible.

## Volunteers (excluding faculty) must sign the University’s Confidentiality Agreement (available on the University’s HIPAA forms page). The Health Care Component shall maintain the Agreement for at least 6 years, or longer if required by other University policies.

1. Volunteer Faculty may substitute annual HIPAA training received at another entity for the annual University HIPAA Privacy training if their Health Care Component verifies that they (a) do not have access to the University’s network, and (b) do not provide their volunteer services at an OU facility or clinic, and (c) do not access OU patients or their PHI in their volunteer capacity. The volunteer faculty must certify each year to the Health Care Component Privacy Training Coordinator that they have received annual HIPAA training elsewhere. The Health Care Component is responsible for maintaining these certifications and providing them to the Office of Compliance or University Privacy Official upon request.
2. Enrolled University Students/Trainees must complete training in accordance with D.1 above.
3. Visiting Students/Trainees may show proof of HIPAA Privacy training from their home institution (a copy of which must be maintained by their Health Care Component) or take the University’s Privacy training in accordance with D.3. Health Care Components must also provide a review, as stated in D.3 above.
4. Others - Health Care Components must contact the University Privacy Official to determine the training requirements for any other individuals.

## Material Changes. The University Privacy Official or Health Care Component will provide training to those Workforce Members whose job or academic functions are affected by a material change in the University’s Privacy Policies within a reasonable period of time after the change becomes effective.

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## Sanctions**.** Employees who fail to complete the training are subject to sanctions pursuant to Privacy-19, Sanctions. Students who fail to complete training will not be permitted to enroll for the next semester or session. Temporary employees, visiting students/trainees, and volunteers, including volunteer faculty, who fail to complete annual training will not be permitted to provide services to or continue training at the University.

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1. Documentation. Documentation regarding training must be maintained by the Health Care Component/department, in written or electronic format, for at least six (6) years, or longer if required by other applicable University policies.

H. Compliance Assistance. Health Care Components or Privacy Training Coordinators having difficulty with individual employees, volunteers, or University or visiting students/trainees complying with the training requirements should contact the Office of Compliance or appropriate dean or vice president for assistance.

## **IV. REFERENCES**

## HIPAA Privacy Regulations, 45 CFR §164.530(b).

1. HIPAA Privacy Policy, Sanctions-19.
2. Confidentiality Agreement – HIPAA Privacy forms page.

1. \*\* Health Care Components should give consideration to the length of temporary employment or volunteer position when determining how soon after the first day the individual must complete the training. [↑](#footnote-ref-1)