

## UNIVERSITY OF OKLAHOMA

### HIPAA Policies

<b>Title:</b> Statement of <del>Purpose</del> <u>Structure and Policy</u>	<b>Approved:</b> October 8, 2002
<b>Effective Date:</b> April 1, 2003	<b>Last Revised:</b> 2/1/16; 5/5/16; 4/1/18; <u>1/22/19</u>

#### I. POLICY\*

A. Structure - The ~~University~~<sup>1</sup>University of Oklahoma is comprised of two covered entities<sup>1</sup> for purposes of HIPAA compliance – the Norman campus and the Health Sciences Center campus.<sup>2</sup> Each campus covered entity is designated as a hybrid entity, and those parts of the campus that are subject to the University’s HIPAA Compliance Program have been further designated as Health Care Components of that campus covered entity. (For specific campus designations, refer to the HIPAA Definitions policy.)

A-B. Policies - Each of the University’s campus covered entities shall, through its Workforce Members, ~~shall~~ protect and safeguard the Protected Health Information (PHI), ~~including electronic PHI~~, created, acquired, and/or maintained by its Health Care Components as required by the Health Insurance Portability and Accountability Act of 1996 (HIPAA), as amended, and applicable laws, through these University HIPAA Privacy and Security policies. The University’s HIPAA policies shall:

1. Ensure the Confidentiality, Integrity, and Availability of all PHI that it creates, receives, maintains, or transmit electronically;
2. Protect against any reasonably anticipated threats or hazards to the security or Integrity of such information;
3. Protect against any reasonably anticipated Uses or Disclosures of such information that are not permitted or required under the HIPAA Privacy or Security rules, and
4. Reflect the University’s accepted moderate operative level of risk.

The policies are also intended to provide assistance and direction to Workforce Members in regard to the protection of the privacy rights of patients by (a) establishing rules related to the Use and Disclosure of Protected Health Information; (b) affording patients and authorized individuals with access to and information regarding the Disclosure of their Protected Health Information; and (c) ~~implementing~~directing the development and implementation of procedures intended to assist patients and University Personnel with regard to HIPAA.

Policies governing the University’s Health Plans<sup>3</sup> are maintained in the Office for Human Resources for each campus and on the HIPAA web pages. Polices governing the University human subjects research are maintained by the HRPP Office and on the HIPAA webpage.

B-C. Conflicting Policies - These policies ~~supereedes~~supersede and replace any conflicting

<sup>1</sup> Effective January 7, 2019.

<sup>2</sup> The Tulsa campus shall be considered part of the Health Sciences Center HIPAA Compliance Program, subject to the HSC HIPAA Privacy and Security policies, procedures, and practices.

<sup>3</sup> The Health Plans on each of the Norman, Health Sciences Center, and Tulsa campuses are each separate covered entities, operating under the University’s HIPAA Privacy and Security policies for Health Plans.

\*Capitalized terms are defined in HIPAA *Definitions* policy

policies and procedures of any University campus covered entity or Health Care Component relating to the Use and Disclosure and protection of Protected Health Information. Campus covered entities and Health Care Components may maintain additional policies and procedures relating to the Use ~~and~~, Disclosure and protection of Protected Health Information only to the extent that they do not conflict with these ~~Policies.~~policies. Campus covered entities and Health Care Components may add to or supplement the policies or the related forms, but they may not delete or revise any without first consulting the University Privacy Official.

**These Policies~~policies~~ apply to all forms of Protected Health Information (oral, written, and electronic).**

**These Policies~~policies~~ apply to the Protected Health Information of both living and deceased patients.**

~~<sup>†</sup>The University is a Hybrid Entity with designated Health Care Components. See, HIPAA Definitions policy.~~

~~C.~~ Campus covered entities and Health Care Components are reminded that these policies must be read in conjunction with other University polices, including but not limited to IT and IT Security policies, Purchasing policies, Risk Management policies, and Record Retention policies.

In the event of conflict between a HIPAA policy and any University policy, campus covered entities and Health Care Components shall comply with the policy that provides the most protection to Protected Health Information and shall notify the HIPAA Security Officer or University Privacy Official of the conflict.

D. Exceptions – Campus covered entities and Health Care Components that believe they have unique circumstances that warrant an exception to a HIPAA Policy must contact the University Privacy Official.

## II. REFERENCES

A. ~~A.~~ HIPAA Regulations - 45 CFR 164.304, 164.306

B. Campus Advisory Committee minutes, January 7, 2019

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