

# UNIVERSITY OF OKLAHOMA

## HIPAA Policies

<b>Subject:</b> Development and Amendment of HIPAA Policies, Procedures, and Forms	<b>Approved:</b> October 8, 2002
<b>Effective Date:</b> April 1, 2003	<b>Last Revised:</b> 2/1/2016; 4/1/2018; <u>12/18/2018</u>

### I. PURPOSE

To outline the requirements for the development and amendment to the University's HIPAA Policies and procedures, including related forms to ensure the policies continue to meet the requirements of HIPAA, as well as the process for requesting exceptions to such.

### II. POLICY\*

A. The University, through its University Privacy Official and HIPAA Security Officer, will implement policies and procedures that are designed to ensure the University and its Workforce Members comply with the HIPAA regulations. It shall amend its HIPAA Policies, procedures, and related forms as necessary and appropriate to comply with changes in the law; to accommodate changes in the structure or operations of the University or its Health Care Components; and when otherwise necessary and appropriate. It will consider requests for exceptions to such through its University Privacy Official or HIPAA Security Officer.

B. The HIPAA Security Officer and the University Privacy Official shall periodically review the University's HIPAA Policies, procedures, and forms; revise them as appropriate; and notify Health Care Components of substantive changes. They must also conduct reviews of each of the following operational or environmental changes within the University that could affect the security of PHI. At a minimum, reviews of applicable policies should occur:

1. When the University is changing or adding locations or systems that maintain ePHI;
2. When a HIPAA Security Incident has occurred within or been caused by the University or a Workforce Member; and
3. When HIPAA Security regulations or IT Security policy updates are issued.

C. Each Health Care Component shall periodically review its internal HIPAA policies, forms, and procedures to ensure they continue to comply with the University's HIPAA policies, forms, and procedures. Reviews shall also be conducted:

1. When the HCC changes or adds locations or systems that maintain ePHI;
2. When a HIPAA Security Incident has occurred within or been caused by the HCC;
3. When HIPAA Security regulation, HIPAA policy, or IT Security policy updates are

issued; and

4. Upon request of the HIPAA Security Officer or IT Security Officer, University Privacy Official, or University administration.

D. The University has reserved in its Notice of Privacy Practices the right to change its HIPAA practices and amend its HIPAA Policies. Therefore, any such changes or amendments will be effective for Protected Health Information created or received by the University or its Health Care Components prior to and after the effective date of the amendment. If any changes affect the content of the Notice of Privacy Practices itself, the University, through the University Privacy Official, shall promptly amend its Notice of Privacy Practices.

### III. PROCEDURE

A. Changes or Additions to HIPAA Policies and Procedures Addressed in the Notice of Privacy Practices. In order to effectuate changes to policies and procedures addressed in the Notice of Privacy Practices, the University through the University Privacy Official and HIPAA Security Officer will:

1. Ensure that the policies, if revised or adopted to reflect a change in the University's HIPAA practices, comply with the HIPAA Regulations and applicable state laws that are not preempted.
2. Document the revised or new policy, in written or electronic format, and retain documentation of revisions for at least six (6) years.
3. Revise the University's Notice of Privacy Practices as required by the HIPAA Regulations to state the changed practice and make the revised Notice available as required. (See *HIPAA Notice of Privacy Practices* policy.)

B. Changes or Additions to Policies Not Addressed in the Notice of Privacy Practices. The University may adopt or amend, at any time, a policy that does not materially affect the content of its Notice of Privacy Practices. In order to implement such an amendment or adoption, the University, through the University Privacy Official or HIPAA Security Officer, will:

1. Ensure that the policy, as amended or adopted, complies with HIPAA; and
2. Document the revised or new policy, in written or electronic format, and retain documentation of the revision for at least six (6) years; and
3. Disseminate the revised or new policy to appropriate areas of the University.

C. HCC Responsibility. Upon receipt of notice of changes to the University's HIPAA policies, procedures, or forms, the HCC manager or designee shall:

1. Notify affected Workforce Members of the change and retain a copy of the notification; and
2. Update the HCC policies, procedures, or forms to incorporate the changes and make them available to its Workforce Members.

D. Exceptions. HCCs that believe an exception is required (versus convenient) must make a written request to the University Privacy Official or HIPAA Security Officer detailing the

requested exception and the basis for the exception. The University Privacy Official or HIPAA Security Officer, in consultation with University administration, as appropriate, will make the final determination following a complete review of the request, other applicable University policy, and applicable state and federal law, as well as the risks and benefits to the University.

#### **IV. REFERENCES**

- A. HIPAA Privacy Regulations, 45 CFR 164.530(i)
- B. HIPAA Security Regulations, 45 CFR 164.308 (a)(8)