

UNIVERSITY OF OKLAHOMA

HIPAA Policies

Title: Training – Privacy and Security	Approved: July 1, 2009
Effective Date: July 1, 2009	Last Revised: 4/1/2018

I. PURPOSE

To provide for training on University's HIPAA Policies and procedures.

II. POLICY*

University Workforce Members associated with Health Care Components shall take the University's online HIPAA training annually, as provided in this Policy. In addition, training shall be provided to affected Workforce Members by the University's HIPAA Program Employees or Health Care Component within a reasonable period of time after material changes to HIPAA Regulations or University or Health Care Component's 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. Individuals on both campuses who sign or are covered by a Business Associate agreement in their University capacity are also encouraged to take the annual HIPAA training (Note: The terms of the Business Associate agreement may also require such training.)

**Employees include any persons whose conduct is under the direct control of the Health Care Component, such as regular and 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. Training Program. The University, through the HIPAA Program Employees and committee(s) established by the Privacy Official, will direct the methods and manner in which the University's mandatory HIPAA training will be accomplished.

B. Training 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.

The training program, which may occur through or in conjunction with Information Security, shall also include periodic reminders and updates regarding HIPAA Security and may also include related IT Security policies, including but not limited to:

*Capitalized items are defined in HIPAA *Definitions* policy

1. Guarding against, detecting, and reporting malicious software.
2. Monitoring log-in attempts and reporting discrepancies.
3. Creating, changing, and safeguarding passwords.

C. 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 Policies.

1. A Training Coordinator 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 Policies.
2. Training will generally be tracked by utilizing the electronic system designated by the Office of Compliance. 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 are associated.

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

1. Regular Employees must complete the University's online HIPAA training within 5 days of becoming an employee. Health Care Component managers must also provide a written or oral review of their specific HIPAA Policies and procedures relevant to the employee's duties prior to giving the employees physical or electronic access to PHI.
2. Temporary Employees must complete the University's HIPAA training if they are expected to work for a Health Care Component for more than 5 consecutive days.** 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 manager must provide a review of its specific HIPAA procedures relevant to the temporary employee's duties prior to giving the temporary employee physical or electronic access to PHI.

a. Temporary Employees are required to execute the University's HIPAA *Terms of Access to PHI/ePHI* forms (available on the University's HIPAA website) prior to receiving access to PHI. The Health Care Component manager shall maintain that Agreement for at least six (6) years, or longer if required by other University policies

b. Temporary employees providing fewer than six consecutive days of services may be required by the Health Care Component to take the University's HIPAA training. The Health Care Component manager must, at a minimum, provide these individuals a

** Health Care Components should give consideration to the length of temporary employment or volunteer position when determining how soon the individual must complete the training.

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review of HIPAA Policies and procedures applicable to their duties prior to giving the temporary employee physical or electronic access to PHI.

3. Volunteers (excluding volunteer faculty) must complete the University's HIPAA 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 manager must provide a review of its HIPAA policies and procedures applicable to the volunteer's duties prior to giving the volunteer employee physical or electronic access to PHI.

Volunteers (excluding faculty) must sign the applicable Terms of Access / Confidentiality and Security of Information Agreement (available on the University's HIPAA forms page) prior to receiving access to PHI. The Health Care Component shall maintain the Agreement for at least 6 years, or longer if required by other University policies.

Volunteers providing fewer than 6 consecutive days of volunteer services may be required by the Health Care Component manager to take the University's HIPAA training. The Health Care Component manager must, at a minimum, provide these volunteers a review of HIPAA Policies and procedures applicable to the volunteer's duties prior to giving the volunteer employee physical or electronic access to PHI.

4. Volunteer Faculty may be permitted to substitute annual HIPAA training received at another entity for the annual University HIPAA training if their Health Care Component verifies that the volunteer faculty member (a) does not have access to the University's network, and (b) does not provide the volunteer services at an OU facility or clinic, and (c) does not access OU patients or their PHI in their volunteer capacity. Volunteer faculty members must certify and document each year to the Health Care Component Training Coordinator that they have received annual HIPAA training elsewhere. The Health Care Component is responsible for maintaining these certifications and providing them to HIPAA Program Employees upon request. The Health Care Component may require the volunteer faculty to complete the University's annual HIPAA training if it prefers or if (a)-(c) cannot be verified.

5. Enrolled University Students/Trainees must complete HIPAA training in accordance with D.1 above.

6. Visiting Students/Trainees must either show proof of HIPAA training from their home institution (a copy of which must be maintained by their Health Care Component) or take the University's HIPAA training in accordance with D.3., whichever is required by the Health Care Component. Health Care Components supervising faculty must also provide a review, of its HIPAA policies and procedures applicable to the visiting students/trainees duties prior to giving the trainee physical or electronic access to PHI.

7. Others - Health Care Components must contact HIPAA Program Employees to determine the training requirements for any other individuals.

** Health Care Components should give consideration to the length of temporary employment or volunteer position when determining how soon the individual must complete the training.

E. Material Changes. The University HIPAA Program Employees or Health Care Component manager shall provide training to those Workforce Members whose job or academic functions are affected by a material change in the University's HIPAA Policies within a reasonable period of time after the change becomes effective.

F. Sanctions. Employees who fail to complete the annual HIPAA training are subject to sanctions by the University of Health Care Component pursuant to HIPAA Sanctions policy. Colleges shall not permit students who fail to complete training to enroll for the next semester or session until training is complete. Temporary employees, visiting students/trainees, and volunteers (including volunteer faculty) who fail to complete annual training shall not be permitted by Health Care Components to provide services to or continue training at the University.

G. 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 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

- A. HIPAA Security Regulations, 45 CFR §164.308(a)(5)
- B. HIPAA Privacy Regulations, 45 CFR §164.530(b)
- C. HIPAA Sanctions policy
- D. Terms of Access to PHI/ePHI forms – HIPAA forms page
- E. Applicable Information Security policies