

UNIVERSITY OF OKLAHOMA

HIPAA Privacy Policies

Subject: Training - Privacy	Coverage: Health Care Components
Policy #: Privacy-17 (Admin.)	Page: 1 of 2
HIPAA Section: 164.530	Approved: 7-1-2009
Effective Date: 7-1-2009	Revised 7-1-2009

I. PURPOSE

To provide for training regarding the University's HIPAA Privacy Policies.

II. POLICY

The University will train University personnel associated with its Health Care Components regarding the Privacy Policies and the manner in which such Policies relate to the individuals' function within the University. On the Health Sciences Center campus, those individuals are all employees, students, and volunteers. On the Norman Campus, those individuals are all employees, students, and volunteers in a designated Health Care Component. Health Care Components may rely on annual training regarding the Privacy Regulations that volunteer faculty receive from another Covered Entity as long as the volunteer faculty provides evidence of such training. Volunteers other than volunteer faculty must complete the University's training, regardless of prior training.

III. PROCEDURE

1. 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.
2. Training materials should include a test or some other opportunity to demonstrate understanding of the information presented. Training must be completed according to the standards in this Policy and Procedure in order for the training requirement to be satisfied.
3. It is the responsibility of each Health Care Component/department, in coordination with the Privacy Official and/or Human Resources Office, to ensure that its employees, volunteers, and students receive training according to the University's HIPAA Privacy Policies.
4. A Privacy Training Coordinator, or Coordinators, should be designated by each Health

Care Component/department to coordinate with the Privacy Official and/or Human Resources Office to ensure that training is accomplished according to the University's HIPAA Privacy Policies.

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

6. Each new employee, volunteer who will provide four or more days of service, and student must complete HIPAA Privacy training within 30 days after becoming an employee, volunteer, or student. The failure of an employee, volunteer, or student to complete the required training within 30 days of becoming an employee, volunteer, or student is grounds for sanctions, up to and including termination or dismissal.

7. The University's HIPAA Privacy training is recommended for, but not required of, volunteers providing service to the University for three (3) days or fewer.

8. Effective July 1, 2009, all employees, volunteers and students at the Health Sciences Center must take the University's Privacy training annually, and those in a Health Care Component on the Norman Campus must take the Privacy training annually.

9. All volunteers, excluding volunteer faculty, are required to execute the University's Confidentiality Agreement (see the University's HIPAA Privacy Forms on the Office of Compliance website). The Health Care Component/department shall maintain that Agreement for at least six (6) years, or for as long as required by other applicable University policies.

10. Each employee, volunteer, or student whose job or academic functions are affected by a material change in the University's Privacy Policies should receive training regarding that material change within a reasonable period of time after the change becomes effective.

11. 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 re-enroll. Volunteers, including volunteer faculty, who fail to complete training or provide evidence of training, whichever is applicable, will not be permitted to provide volunteer services to the University.

12. Documentation regarding training must be maintained by the Health Care Component/department and the Privacy Official, in written or electronic format, for at least six (6) years, or for as long as required by other applicable University policies.

IV. REFERENCES

1. AMC HIPAA Privacy Guidelines, PRIV.50 (pg. 194-195)
2. HIPAA Privacy Regulations, 45 CFR §164.530.