

HEALTH SCIENCE CENTER HANDBOOK OF OPERATING PROCEDURES

Chapter 11	Patient Privacy Policies	Effective:	April 2003
Section 11.4	Privacy Education	Revised:	January 2007
Policy 11.4.1	Education and Training on Patient Privacy	Responsibility:	Assistant Vice President for Regulatory Affairs & Compliance

EDUCATION AND TRAINING ON PATIENT PRIVACY

Policy

All employees, students and non-employees of the Health Science Center are required to complete mandatory training in patient privacy regulations and policies based on his/her job responsibilities.

New Employees

Each new employee is required to complete basic patient privacy training within thirty days of employment. Additional education and training is required based on individual job title and responsibilities, and level of exposure to protected health information. The department is responsible for notifying the Office of Regulatory Affairs & Compliance of the required level of training for new employees. Training will need to be completed by new employees within thirty days of employment.

Training Requirements

Level 1 – Basic privacy and confidentiality training.

Employees are required to take Level 1 training if their exposure to protected health information will be rare to minimal or incidental. Examples of positions that are required to take this training are: Computing Resources staff who are not generally exposed to protected health information, accounting, facilities, housekeeping staff, etc. who have occasional and incidental exposure to protected health information. Also, departmental secretaries and similar positions that do not ordinarily handle protected health information, but may occasionally view or use protected health information are Level 1.

Level 2 – Requires hands-on training with individuals who perform the activities affected by the privacy rules, addressing privacy, security and confidentiality issues. Level 2 employees are also required to take Level 3 training.

Employees whose job responsibilities require moderate to frequent exposure to protected health information, positions that require interaction with patients and/or health information are required to attend Level 2 training. This training is specifically designed for employees or individuals who supervise staff who work directly with

HEALTH SCIENCE CENTER HANDBOOK OF OPERATING PROCEDURES

Chapter 11	Patient Privacy Policies	Effective:	April 2003
Section 11.4	Privacy Education	Revised:	January 2007
Policy 11.4.1	Education and Training on Patient Privacy	Responsibility:	Assistant Vice President for Regulatory Affairs & Compliance

patients in registration and health record management capacities and billing staff.

Level 3 – Requires in-depth training on institutional policies on patient privacy, and security and confidentiality of health information with emphasis on the administrative aspects of the policies and responsibility to ensure that others comply with the policies.

Employees whose job responsibilities include the following are required to take Level 3 training: Access to patient health information; supervision and training of employees, students, residents, and/or non-employees; development of systems or high-level processes that involve the use of protected health information; manipulating protected health information, such as required in research studies. This training will be required of all clinical and research faculty and their support staff that handle any type of health information. This category also includes Computing Resources staff who are exposed to electronic protected health information.

Employees on Leave of Absence

If an employee is on a leave of absence, they must complete HIPAA training within 30 days of returning to work.

Training from Affiliated Organizations

The Health Science Center will accept the training of some affiliated institutions on the privacy rules. However, the Office of Compliance & Consultation will need to review the content of the training to ensure the content is appropriate to meet the federal requirements and the requirements of the Health Science Center. If approved, the Office of Compliance & Consultation will need evidence that training was taken by the employee, such as a certificate of completion.

Failure to Attend

Failure to meet these training requirements will result in disciplinary actions as described in [Section 4.10.4](#) of the *Handbook of Operating Procedures* (HOP), “Disciplinary Actions for Failure to Attend Compliance Training Sessions”.
