Administrative Policy Number: 8.10

TITLE: HIPAA COMPLIANCE: ADMINISTRATIVE REQUIREMENTS

INTRODUCTION

San Francisco General Hospital (SFGH) and Department of Public Health (DPH) policies are to be followed by all workforce members while working on the San Francisco General Hospital campus.

This policy outlines requirements necessary to secure protect health information (PHI) in accordance with the Health Insurance Portability and Accountability Act of 1996 (HIPAA)

PURPOSE

The purpose of this administrative policy is to provide SFGH/ DPH with general administrative policies and procedures that, in accordance with the HIPAA Privacy Rule, help secure the privacy of health information and protect the privacy rights of individuals who have entrusted their protected health information (PHI) to the SFGH/ DPH.

STATEMENT OF POLICY

It is the policy of the San Francisco Department of Public Health (DPH) to adopt administrative policies and implement procedures that fulfill the administrative requirements set forth in the Health Insurance Portability and Accountability Act of 1996 (HIPAA).

It is the policy of San Francisco General Hospital Medical Center (SFGHMC) to comply with the Department of Public Health's (DPH) policy "HIPAA Administrative Requirements" (See Appendix A for the text of the SFGH/ DPH policy).

PROCEDURE

HIPAA requires SFGH/ DPH to adopt and implement administrative policies and procedures designed to secure the privacy of health information and protect the privacy rights of individuals who have entrusted their PHI to SFGH/ DPH.

I. Personnel Assignments

A. SFGH/ DPH shall designate a Privacy Officer responsible for developing and implementing policies and procedures regarding HIPAA.

B. SFGH/ DPH shall designate a Privacy Officer responsible for receiving complaints from individuals who believe that SFGH/ DPH has violated federal or state laws governing PHI.

C. This administrative policy documents the SFGH/ DPH designated personnel.

II. Training

A. Responsibility

1. San Francisco General Hospital (SFGH) and Department of Public Health (DPH)

a. It is the responsibility of San Francisco General Hospital and Department of Public Health, through the Privacy Officer, to provide privacy training to all SFGH/ DPH personnel who produce, transcribe, store, transmit or otherwise have access to PHI. The training shall consist of but not be limited to

(a) basic health privacy awareness training at new workforce member orientation,

(b) on-line specialized health privacy training where accessible,

(c) in-service specialized health privacy training where on-line training is unavailable,

(d) printed, electronic and in service consulting resources made available through the Compliance Office of the SFGH/ DPH.

2. Department Managers and Supervisors

(a) Department managers and supervisors are responsible for verifying that personnel who report to them have obtained health information privacy training sufficient to perform their duties in compliance with state and federal health privacy regulations, SFGH/ DPH health information privacy policy and health information privacy procedures.

(b) Department managers and supervisors are responsible for providing and/or requesting specialized health information privacy training for personnel who report to them.

(c) Department managers and supervisors are responsible for identifying and notifying the SFGH/ DPH Privacy Officer of any unmet health information privacy requirements within their departments.

3. SFGH/ DPH Personnel

a. SFGH/ DPH personnel are responsible for obtaining basic health information privacy training at new workforce member orientation and any specialized health information privacy training brought to their attention by their managers or supervisors;
b. SFGH/ DPH personnel are responsible for notifying their managers or supervisors of any unmet specialized health information privacy training needs that come to their attention.

B. Training Documentation

1. SFGH/ DPH is responsible for documenting that personnel have completed privacy training.

III. Complaints to SFGH/ DPH

A: Policy

1. SFGH/ DPH shall establish and maintain a process for individuals to register complaints regarding its privacy policies and procedures and/or its compliance with those policies and procedures. Individuals may call the SFGH/ DPH Privacy Officer, write the SFGH/ DPH Privacy Officer, or anonymously leave a message on the SFGH/ DPH Privacy Hotline at 415-206-2354, Compliance Hotline at 415-642-5790 (CHN), or 415-252-3078 (PHP).

2. SFGH/ DPH shall document all complaints received regarding management of PHI and document the disposition of those complaints. Documentation shall be retained by SFGH/ DPH as required by law.

3. SFGH/ DPH shall not intimidate, threaten, coerce, discriminate against, or take other retaliatory action against any individual who files a complaint with SFGH/ DPH or with the Department of Health and Human Services.

B. Complaint Process

1. *Communicating Process to Individuals*. SFGH/ DPH's Notice of Privacy Practices shall direct individuals to submit a complaint regarding management of PHI to the SFGH/ DPH Privacy Officer. The Notice shall also indicate that a complaint can be made directly to the Secretary of Health and Human Services (HHS).

2. The SFGH/ DPH Privacy Officer shall receive and review all complaints to SFGH/ DPH regarding the management of an individual's protected health information. Within ten (10) working days, the Privacy Officer shall notify the individual in writing of the disposition of the complaint.

3. Disposition of Complaint

No Action Taken. If the review determines that the complaint is without merit, no action will be taken. This disposition shall be noted on the complaint form and the client so informed.

Further Investigation Required. If the Privacy Officer determines that a breach of policy or procedure has occurred or that the complaint identifies a potential for process improvement, the individual shall be notified that further review of the complaint is required and a final disposition will be delivered at a later date. The Privacy Officer shall refer the complaint to the appropriate department for follow-up

(e.g. human resources for investigation of the breach and possible sanctions; or quality improvement for review and possible modification to a process). When the investigation has been completed and the matter resolved, the Privacy Officer shall notify the individual. If a breach of policy or procedure has resulted in an unauthorized use or disclosure of PHI, the Privacy Officer shall immediately implement steps to mitigate any potential harm to the individual.

4. All complaints to SFGH/ DPH regarding SFGH/ DPH management of PHI and documentation of the disposition of those complaints shall be filed in the office of the SFGH/ DPH Privacy Officer in a manner conducive to retrieval for review and/or audit. The documentation shall be retained for a period of six years from the date of the complaint.

IV. Policies and Procedures

A. SFGH/ DPH shall develop, implement and enforce policies and procedures consistent with the Health Insurance Portability and Accountability Act of 1996.

B. When necessary, SFGH/ DPH will revise these policies and procedures and update its training program to reflect these revisions.

C. SFGH/ DPH shall document all procedures consistent with state and federal requirements.

V. Administrative Safeguards to Protect PHI

A. The SFGH/ DPH Privacy Officer shall work collaboratively with the Chair of the SFGH/ DPH Data Governance Committee to insure that proper safeguards are in place to insure the use, access and disclosure of PHI is consistent with HIPAA, Federal, State, and local regulations

B. These safeguards shall include (but are not limited to) effective review and audit protocols to monitor individual, use, access and disclosure of PHI maintained in any form across SFGH/ DPH.

C. The Privacy Officer shall be responsible for recommending statistically valid sampling techniques and procedures to the Data Governance Committee to routinely test for inappropriate use, access or disclosure of PHI.

D. The SFGH/ DPH Privacy Officer shall report to the Data Governance Committee on the results of the application of these sampling techniques and procedures.

APPENDICES

Appendix A: DPH Policy "HIPAA Administrative Requirements"

CROSS REFERENCES

SFGHMC Administrative Policies:
8.5 HIPAA Compliance Privacy Policy
8.11 HIPAA Compliance: Authorization for Use and Disclosure of Protected Health Information
8.12 HIPAA Compliance: Privacy and the Conduct of Research
8.13 HIPAA Compliance: Patient/Client /Resident Rights Regarding Protected Health Information
16.3 Patient/Visitor Concern/Grievance Policy

APPROVAL

Nursing Administrative Forum	02/05/13
Medical Executive Committee	01/17/13
Quality Council	01/15/13
Exec Committees B-25 Readiness	12/17/15

Date Adopted: 8/2003
Reviewed: 8/06**,** 09/09
Revised: 11/12