Applicability: UW Medicine

Policy Title: Administrative Requirements of UW Medicine’s HIPAA Program

Policy Number: PP-03

Superseded Policy(ies) or Entity Policy: N/A

Date Established: November 18, 2002

Date Effective: July 15, 2015

Dates Revised: June 9, 2003; April 26, 2004; May 21, 2007; October 21, 2009; June 14, 2011; May 6, 2013; July 15, 2015

Next Review Date: July 15, 2018

PURPOSE AND SCOPE
UW Medicine’s administrative requirements address safeguards for Protected Health Information (PHI), disclosures of PHI by whistleblowers, mitigation strategies, prohibition of retaliatory acts, patients’ nonwaiver of rights, personnel designations, and revisions and documentation of privacy policies and procedures. For the purposes of this policy and all policies in the PP series, PHI includes electronic PHI (ePHI).

This policy is applicable to all UW Medicine entities.

POLICY PRINCIPLES/STATEMENT
Safeguards are defined as the administrative, technical, and physical protective measures and controls imposed by UW Medicine to protect the privacy of an individual’s PHI from impermissible use or disclosure. These safeguards include, but are not limited to:

- Hardware and software security features;
- Operating procedures;
- Accountability procedures and management constraints;
- Access and distribution controls;
- Personnel security; and
- Physical structures, areas, and devices.

DEFINITIONS
See UW Medicine Compliance policy: PP-00 Glossary of Terms.
POLICY

I. Protection and Security of PHI

UW Medicine has established compliance policies, procedures, technical standards and guidelines to assure that appropriate administrative, technical and physical safeguards are in place to protect the privacy and security of PHI.

II. Prohibition on Sale of PHI

UW Medicine prohibits its workforce members from receiving financial remuneration directly or indirectly in exchange for any PHI. UW Medicine requires written patient authorization before selling PHI.

III. Disclosures by Whistleblowers

Privacy laws and regulations permit UW Medicine workforce members and business associates to disclose PHI for the purposes of making a whistleblower complaint to a health oversight agency, a public health authority authorized to investigate the conduct in question, or a healthcare accreditation organization.

IV. Mitigation

To the extent practicable, UW Medicine mitigates known harmful effects from the use or disclosure of PHI that was made in violation of institutional policy.

V. Retaliatory Acts Prohibited

UW Medicine does not intimidate, threaten, coerce, or retaliate against persons for filing complaints to the Secretary of Health and Human Services (HHS) or the Washington Department of Health; for testifying, assisting or participating in investigations, compliance reviews, proceedings or hearings under Part C of Title XI of the Social Security Act; or, for opposing real or perceived unlawful acts or practices under this act provided the opposition is reasonable and does not involve a disclosure of PHI that would be prohibited under federal and state privacy laws and regulations.

VI. No Waiver of Individual Rights

UW Medicine does not require an individual to waive his/her right to file a complaint to the Office for Civil Rights as a condition for the provision of treatment.

VII. Personnel Designations

UW Medicine has designated a Chief Privacy Officer (CPO) who reports to the UW Privacy Official (UW PO) and oversees the UW Medicine compliance program and is responsible for the following:

- Developing and implementing policies, procedures, internal controls, forms and tools related to federal and state privacy laws and regulations.
- Auditing and monitoring system-wide practices to ensure compliance.
- Receiving and investigating complaints.
- Providing technical advice to the UW PO, and clinical leadership.
- Providing information about matters covered by the Notice of Privacy Practices.
• Serving as the contact point for patients who wish to exercise their privacy rights.
• Educating workforce members about their responsibilities related to federal and state privacy laws and regulations.
• Maintaining records in accordance with UW Medicine requirements.
• Tracking and documenting program activities; reporting regularly to the UW PO, UW Medicine leadership, and the UW Medicine Board Compliance Committee.
• Convening workgroups and committees to accomplish program goals.
• Monitoring regulatory developments and recommending program modifications as needed.
• Serving as liaison with the Attorney General’s Office.

VIII. Compliance Privacy Policy Development and Revision Process
Policies that govern privacy protection at UW Medicine are subject to the following requirements:

• All new policies and material changes to existing policies are formally presented to and approved by the UW Medicine Executive Compliance Committee (ECC) after review and discussion with appropriate stakeholders.
• All policies are reviewed every three years (or more frequently if necessary to respond to changes in the law or development of new risk areas) by UW Medicine Compliance.
• All new policies and material changes to existing policies are disseminated in a timely manner to UW Medicine workforce members, posted on the UW Medicine Compliance web site, and when necessary, reflected in the Notice of Privacy Practices (Notice). Changes made to the Notice, unless required by law, are not effective until the date of the revised Notice.
• The CPO may authorize policy changes that do not materially affect the Notice may be made as long as they comply with regulatory requirements.
• All policy changes are documented, dated, and signed by the UW PO.

IX. Documentation of Compliance Policies and Procedures
Documentation of all policies, procedures, and program materials are retained for six years from the date they were created or the last date upon which they were in effect, whichever is the latest.

Documentation that serves as evidence of departmental or entity compliance with compliance policies is retained by designated administrators, managers, and unit directors in accordance with UW Medicine records retention requirements.

REGULATORY/LEGISLATION/REFERENCES
• 45 CFR Part 160 and 164; Section 164.502(j) “General Rules”.
• 45 CFR Part 160 and 164; Section 164.530 “Administrative Requirements”.

PROCEDURE ADDENDUM(s) REFERENCES/LINKS
• See UW Medicine Records Retention Schedule.
ROLES AND RESPONSIBILITIES
Defined within POLICY.

AUTHORITIES

<table>
<thead>
<tr>
<th>Custodian</th>
<th>Responsible Officer</th>
<th>Implementation Officer</th>
<th>Administrative Officer</th>
</tr>
</thead>
<tbody>
<tr>
<td>UW Medicine Compliance</td>
<td>UW Medicine Compliance</td>
<td>UW Medicine Compliance</td>
<td>UW Medicine Compliance</td>
</tr>
<tr>
<td>Author</td>
<td>Owner</td>
<td>Auditor</td>
<td>Endorser</td>
</tr>
<tr>
<td>UW Medicine Compliance</td>
<td>UW Medicine Compliance</td>
<td>UW Medicine Compliance</td>
<td>UW Medicine Executive Compliance Committee</td>
</tr>
</tbody>
</table>

APPROVALS

_________________________________________       ____________________________
UW Privacy Official                        Date
Johnese M. Spisso, Chief Health System Officer,
UW Medicine & Vice President for Medical Affairs, UW