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Department: UW Medicine Compliance

Subject: PP-03 Administrative Requirements of UW Medicine's Privacy Program

Policy Number: 03

Effective Date: May 21, 2007

Review Date: May 21, 2007

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***Policy:***

This policy describes UW Medicine's administrative requirements for safeguarding 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.

**I. Safeguards**

Safeguards are the administrative, technical, and physical protective measures and controls UW Medicine imposes to protect the privacy of an individual's PHI from intentional or unintentional 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.
- A) UW Medicine develops and maintains policies, procedures, and technical processes that assure appropriate administrative, technical and physical safeguards to protect the privacy and security of PHI.
- B) These safeguards provide reasonable protection to limit incidental use or disclosure of PHI made pursuant to an otherwise permitted or required use or disclosure.

**II. Disclosures by Whistleblowers**

UW Medicine does not violate the privacy regulations if a member of the UW Medicine workforce or business associate discloses PHI to a health oversight agency, a public

health authority authorized to investigate the conduct in question, or a health care accreditation organization.

**III. Mitigation**

To the extent practicable, UW Medicine will mitigate any known harmful effect from the use or disclosure of PHI that was made in violation of UW Medicine information security or privacy policies and procedures.

**IV. Retaliatory Acts Prohibited**

UW Medicine will 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 the privacy regulations.

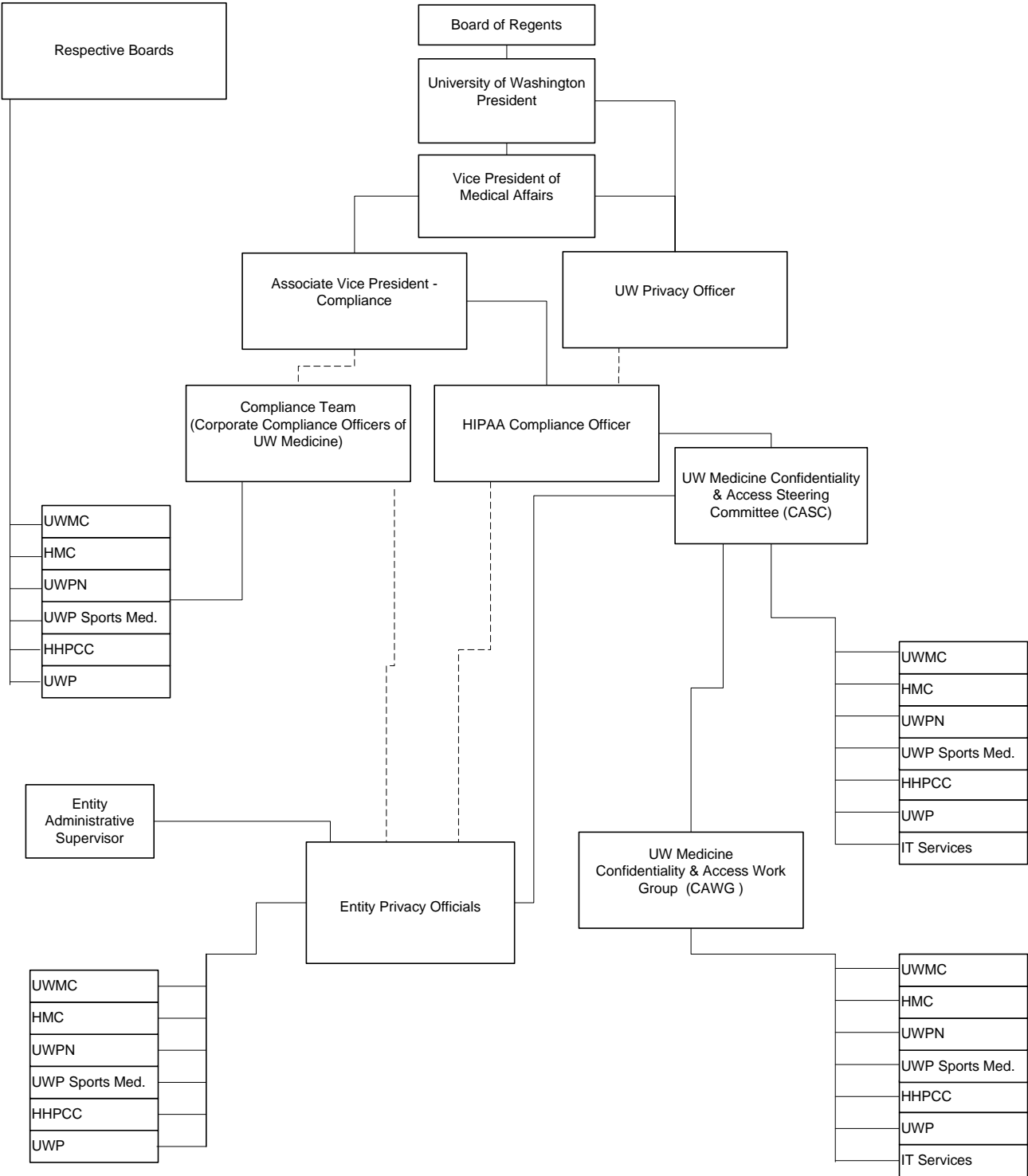
**V. No Waiver of Individual Rights**

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.

**VI. Personnel Designation**

- A.) UW Medicine has designated a Privacy Officer who is responsible for the development and implementation of the policies and procedures.
- B.) UW Medicine has designated a HIPAA Compliance Officer who is responsible for the maintenance, implementation, and compliance of UW Medicine Privacy policies and procedures.
- C.) Each entity within UW Medicine has designated an Entity Privacy Official who is responsible for working with the UW Medicine HIPAA Compliance Officer in the implementation of the policies and procedures.
- D.) In addition, each UW Medicine entity designates their Privacy Official as a contact responsible for receiving complaints, providing further information about matters covered by the Notice of Privacy Practices, and, as the contact point for patient(s) to exercise their rights.

### UW Medicine Privacy Personnel Organizational Chart



VII.

**Revisions to Privacy Policies and Procedures**

UW Medicine implements policies and procedures designed to ensure compliance with privacy regulations. (See separate Procedure below – “Making Revisions to UW Medicine Privacy Policies”). UW Medicine must change its policies and procedures as necessary and appropriate to comply with changes in the law. The period between reviews will not exceed three years.

All policies and procedures that affect UW Medicine operations should be approved in accordance with the procedure outlined below and updates are to be published.

When UW Medicine changes a policy or procedure that materially changes a privacy practice described in the *Notice of Privacy Practices (Notice)*, UW Medicine must make the appropriate revisions to the *Notice* promptly. Unless required by law, changes will not be put into operation until the effective date of the revised *Notice*. UW Medicine may make the changes effective to the PHI created or received prior to the effective date of the *Notice* revision.

When a change to policy or procedure does not materially affect the *Notice*, UW Medicine may make the change as long as it complies with regulatory requirements and is documented.

**VIII. Documentation of Privacy Policies and Procedures**

UW Medicine maintains documentation of all privacy policies, procedures, and program materials relating to the privacy practices for six years from the date of creation or the last date it was in effect, whichever is the latest.

Any additional policies or procedures required for the implementation of the UW Medicine Privacy Program are the responsibility of the UW Medicine entity’s administrative department administrators/managers, physician chiefs-of-service or unit medical directors, and others as appropriate.

***Procedures:***

**I. Making Revisions to UW Medicine Privacy Policies (Policy Section VII)**

Step	Action
1	All revisions and additions to the Privacy Program Policies will be taken to the UW Medicine Confidentiality and Access Work Group.
2	When revisions are necessary due to changes in policy or regulation, the UW Medicine Confidentiality and Access Work Group, working with the key UW Medicine stakeholders, will revise or add to the Privacy Policies.
3	Revisions and additions will be taken to the UW Medicine Confidentiality and Access Steering Committee for approval. All

	changes will be incorporated into the Privacy Policies.
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**References:**

- I. 45 CFR Part 160 and 164; Section 164.530 “Administrative Requirements”.
- II. 45 CFR Part 160 and 164; Section 164.502(j) “General Rules”.

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UW Privacy Officer: \_\_\_\_\_ Date: \_\_\_\_\_  
John A Coulter, Associate Vice President for Medical Affairs

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