

Patient Information Privacy and Security Compliance Program and Administrative Requirements

COMP.101

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Applicability:	UW Medicine Affiliated Covered Entity
Policy Title:	Patient Information Privacy and Security Compliance Program and Administrative Requirements
Policy Number:	COMP.101
Superseded Policies:	PP-01, PP-03, PP-26
Date Established:	October 11, 2017
Date Effective:	June 9, 2025
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PURPOSE

This policy addresses:

- UW Medicine’s Designation of Healthcare Components at the University of Washington (UW);
- Administrative requirements addressing safeguards for protected health information (PHI), disclosures of PHI by whistleblowers, mitigation strategies, prohibition of retaliatory acts, patients’ non-waiver of rights, personnel designations and revisions and documentation of privacy policies and procedures;
- The maintenance of the designated record set.

DEFINITIONS

See [UW Medicine Compliance Glossary](#).

POLICY

I. Designation of Healthcare Components

The Health Insurance Portability and Accountability Act (HIPAA) and Washington Uniform Health Care Act (Revised Code of Washington (RCW) 70.02) provide the primary regulatory framework for a type of personally identifiable information about patients called PHI. Requirements for protecting patient privacy govern verbal, paper and electronic PHI and apply to certain organizations called covered entities. The UW is a hybrid covered entity that includes several components, including UW Medicine which is an affiliated covered entity comprised of multiple separate healthcare components. These are treated as one covered entity for HIPAA purposes.

A. UW Covered Entity

For the UW Healthcare Components that comprise the UW Covered Entity, please see [101.G1 UW HIPAA Designation](#) (*University of Washington Non-UW Medicine Healthcare Components and University of Washington UW Medicine Healthcare Components*).

B. UW Medicine Affiliated Covered Entity (ACE)

UW further designates specific healthcare components as one affiliated covered entity known as UW Medicine. Please see [101.G1 UW HIPAA Designation](#) (*UW Medicine — Affiliated Covered Entity — University of Washington UW Medicine Healthcare Components and Other Healthcare Components*).

C. Healthcare and Other Covered Components of the UW

Certain services and activities that support the healthcare components of the UW are performed by non-healthcare components of the UW. To the extent that non-healthcare components perform support functions requiring the use or disclosure of PHI for or on behalf of healthcare components, they are deemed to be functioning as healthcare components. Some examples of support functions are:

1. Administrative support relating to treatment, payment or healthcare operations.
2. Compliance.
3. Fundraising.
4. Document retention services.
5. Environmental and workplace safety.
6. Information systems management.
7. Investigations involving clinical care or scholarly integrity.
8. Medical staff peer review.
9. Personnel services.
10. Risk management services.

D. UW Healthcare Components Policy Governance

UW designated healthcare components are subject to the patient information privacy and security policies established by UW Medicine. Wherever policies refer to “UW Medicine” or specify a UW Medicine authority, each UW designated healthcare component will substitute their respective entity-specific name or authority.

II. Organized Health Care Arrangements

UW Medicine may enter into Organized Health Care Arrangements (OHCAs) with certain eligible healthcare providers and organizations in order to allow legally separate covered entities to use and disclose PHI for the joint operation of the arrangement. For information about organizations participating in an OHCA with UW Medicine, please contact UW Medicine Compliance at 206.543.3098 or 855.211.6193.

III. Administrative Requirements

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

A. Safeguards

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:

1. Hardware and software security features;
2. Operating procedures;
3. Accountability procedures and management constraints;
4. Access and distribution controls;
5. Personnel security; *and*
6. Physical structures, areas and devices.

B. Sale of PHI

Workforce members shall not sell PHI.

C. Disclosures by Whistleblowers

Workforce members and business associates may 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.

D. 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.

E. 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 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 patient privacy laws and regulations. (See also [COMP.004 Reporting and Non-Retaliation](#).)

F. No Waiver of Individual Rights

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

G. Personnel Designations

The UW Medicine Chief Compliance Officer serves as the Chief Privacy Officer and oversees the UW Medicine compliance program as described in the [UW Medicine Compliance Program Document](#). UW Medicine has also designated a Chief Information Security Officer (CISO) who

partners with the UW Medicine compliance program team on matters related to the security of patient information. The CISO is designated as the UW Medicine Security Official.

H. Compliance Patient Information Privacy and Security Policies

Policies that govern patient privacy protection at UW Medicine are subject to the requirements outlined in [COMP.001 Compliance Policy Development](#).

I. Legal Medical Record and Designated Record Set

The Legal Medical Record (LMR) is the set of healthcare records used when responding to requests for information for legal and legally permissible purposes. The Designated Record Set (DRS) are healthcare records in addition to and separate from the LMR that are available when specifically identified and requested for legal and legally permissible purposes.

Each UW Medicine entity develops release of information procedures in accordance with the [UW Medicine Policy: Definition, Retention & Disclosure of the Legal Medical Record and Designated Record Set](#) when applicable. (See also [Schematic of LMR and DRS](#)).

The designated record sets are the property of the UW Medicine ACE. Patients' requests for access to their designated record sets are facilitated by the applicable Health Information Management departments.

REGULATORY/LEGISLATION/REFERENCES

- Refraining from intimidation or retaliation, 45 C.F.R. § 160, Subpart C.
- Privacy of Individually Identifiable Health Information, 45 C.F.R. § 164, Subpart E.

PROCEDURE ADDENDUM(S) REFERENCES/LINKS

- [UW Medicine Compliance Glossary](#).
- [101.G1 University of Washington HIPAA Designation](#).
- [101.G2 Privacy Policies Summary](#).
- UW Medicine Enterprise Records & Health Information Policy: [Definition, Retention & Disclosure of the Legal Medical Record and Designated Record Set](#) (see also [Schematic of LMR and DRS](#)).
- [UW Medicine Records Retention Schedule](#).

ROLES AND RESPONSIBILITIES

Defined within POLICY.

APPROVALS

/s/ Beth DeLair _____
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6/16/2025 _____
Date