

**THE TEXAS A&M UNIVERSITY SYSTEM  
HEALTH SCIENCE CENTER INTERNAL POLICIES**

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**16.99.99.Z0.02 Confirmation of Organized Health Care  
Arrangements Internal Policy**

*Approved January 26, 2011*

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**1. GENERAL/OVERVIEW**

This policy applies to TAMHSC health care providers, its participating physicians and clinicians, employees and business units who provide management, administrative, financial, legal, and operational support to or on behalf of the health care provider and has been designated as a member of the TAMHSC Health Care Component. This policy pertains to protected health information covered by the TAMHSC Health Care Component's Notice of Privacy Practices.

**2. INTERNAL POLICY/RESPONSIBILITIES**

A hybrid entity is a single legal entity that is a covered entity, but one where its covered functions are not its primary function. While the HIPAA Privacy Regulations classify the entire hybrid entity as a covered entity, the HIPAA privacy information disclosure and use requirements apply only to the entity's healthcare components. The hybrid entity is responsible for designating which of its components are healthcare<sup>i</sup> components, and for ensuring that those components comply with the HIPAA privacy requirements.

This confirms that the TAMHSC Health Care Component and its Covered Entities together constitute an organized health care arrangement, as that term is defined in 45 C.F.R. § 164.501 with respect to services provided by its Covered Entities and Business Associates of physicians and clinicians to TAMHSC patients.

- 2.1 In accordance with 45 C.F.R. Part 164, members of this organized health care arrangement will jointly comply with the following administrative obligations with respect to the joint services:
  - 2.1.1 Notice of Privacy Practices;
  - 2.1.2 Privacy Official appointment;
  - 2.1.3 Contact Person appointment;
  - 2.1.4 Individual Authorizations;
  - 2.1.5 Requests for Right to Additional Restriction of Uses and Disclosures;

- 2.1.6 Requests for Right to Confidential Communication;
- 2.1.7 Requests for Right to Access protected health information;
- 2.1.8 Requests for Right to Amendment; and
- 2.1.9 Requests for Right to Accounting of Disclosures.

### **3. VIOLATIONS**

The Privacy Officer has general responsibility for implementation of this policy. Employees who violate this policy will be subject to disciplinary action up to and including termination of employment. Anyone who knows or has reason to believe that another person has violated this policy should report the matter promptly to his or her supervisor or the Privacy Officer. All reported matters will be investigated, and, where appropriate, steps will be taken to remedy the situation. Where possible, every effort will be made to handle the reported matter confidentially. Any attempt to retaliate against a person for reporting a violation of this policy will itself be considered a violation of this policy that may result in disciplinary action up to and including termination of employment.

### **OFFICE OF RESPONSIBILITY**

#### **Vice President of Finance and Administration**

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<sup>i</sup> HIPAA Code: §164.504(b)