

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

16.99.99.Z0.03

Privacy Officer Designation Internal Policy

Approved January 26, 2011

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. The TAMHSC Health Care Component shall designate an appropriate individual to serve as the Privacy Officer.

2. INTERNAL POLICY/RESPONSIBILITIES

Patients may request that we provide certain additional privacy protections for their health information. It is policy of the TAMHSC Health Care Component to respond to all patient requests with careful consideration and respect. Under the law, special procedures must be followed when handling certain types of requests. The following policy addresses the procedures that must be followed by the Privacy Officer¹ when handling patient requests for restrictions on uses and disclosures of protected health information and confidential communications with the patient or patient's personal representative.

The Privacy Officer shall oversee and implement the Privacy Program and work to ensure the facility's compliance with the requirements of the HIPAA Standards for Privacy of Individually Identifiable Health Information. The Privacy Officer is responsible for reviewing complaints about matters of patient privacy.

3. PROCESS

3.1 Privacy Officer is responsible for implementation and oversight of the Privacy Program. Responsibilities include but are not limited to:

3.1.2 Development;

3.1.3 Communication and implementation of TAMHSC Health Care Component policies and procedures related to patient privacy;

- 3.1.2 Assistance with deployment to and implementation by the appropriate TAMHSC Health Care Component policies and procedures related to privacy;
 - 3.1.3 Training;
 - 3.1.4 Advise members of the TAMHSC Health Care Component staff on privacy matters as appropriate;
 - 3.1.5 Complaints; and,
 - 3.1.6 Mitigation
- 3.2 TAMHSC Health Care Component and Privacy Program Responsibilities.
- 3.2.1 Compliance with all policies and procedures related to the Privacy Program.
 - 3.2.2 Implementation of policies and procedures for patient privacy designed to comply with the HIPAA Standards for Privacy of Individually Identifiable Health Information.
 - 3.2.3 Creation of, and revisions to, the TAMHSC Health Care Component policies and procedures promptly as necessary to comply with changes in the law. Changes must be documented and implemented.
 - 3.2.4 Provision of a Notice of Privacy Practices to patients.
 - 3.2.5 Compliance with the standards of any Joint Notice and the policies of an organized healthcare arrangement with respect to joint activities.
 - 3.2.6 Ensure appropriate administrative, technical, and physical safeguards to protect health information from any intentional or unintentional use or disclosure that is in violation of privacy policies or standards.
 - 3.2.7 Ensure any documentation required by the privacy policies be kept for a minimum of 6 years from the effective date.

4. 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

ⁱ HIPAA Code: §164.530(a)(1)(i)