

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

16.99.99.Z0.05

HIPAA Training 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.

2. INTERNAL POLICY/RESPONSIBILITIES/PROCESS

Trainingⁱ will be provided to all individuals of the TAMHSC Health Care Component including employees, volunteers, participating physicians, residents and clinicians in accordance with HIPAA regulations and A&M System Policy 33.05 Employee Training and 33.05.02 Required Employee Training.

- 2.1 The Privacy Officer is responsible for the development and implementation of, and compliance with, privacy and training. The Security Officer is responsible for the development and implementation of, and compliance with, security measures.
- 2.2 All TAMHSC Health Care Component personnel, including employees, volunteers, and non-employees of the TAMHSC Health Care Component staff will be trained on privacy policies and practices during the new employee orientation process or before performing services for the TAMHSC health care provider and thereafter, in accordance to the training schedule assigned.
- 2.3 The HSC HIPAA Committee will act as an advisory group.
- 2.4 Documentation must be kept for at least six years on all members who have been trained on privacy policies and practices.

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

ⁱ HIPAA Code: §164.530(b)(1)