

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

16.99.99.Z0.09

Operational Audits 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

The Privacy and Security Officer with assistance from the TAMHSC Health Care Component is responsible for operational audits¹ and for monitoring privacy practices and standards in order to ensure compliance with the Health Insurance Portability and Accountability Act (HIPAA).

3. PROCESS

- 3.1 The TAMHSC Privacy and Security Officer will continuously monitor the privacy and security of health information in its computer system to ensure the integrity of such data.
- 3.2 The TAMHSC Privacy and Security Officer will perform annual audits of data users' activities to ensure compliance with HIPAA regulations, TAMHSC Policies, professional ethics, and accreditation requirements.
- 3.3 The Privacy and Security Officer and the TAMHSC Health Care Component shall work with the A&M System Internal Audit and other Regulatory Auditors by providing necessary documentation, policies and procedures, etc.

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: §164.308(a)(1)(ii)(D), §164.308(a)(5)(ii)(C), §164.308(a)(8), §164.312(b)