



PENINSULA RSN

HIPAA AND MEDICAID COMPLIANCE POLICIES AND PROCEDURES

Policy Name: HIPAA PRSN STAFF TRAINING PLAN FOR
PRIVACY AND SECURITY

Policy Number: 5.06

Reference: 45 CFR Parts 160, 162 and 164

Effective Date: 6/2004

Revision Date(s): 1/2010

Approved by: PRSN Executive Board

CROSS REFERENCES

- Policy: Corrective Action Plan

PURPOSE

The Peninsula Regional Support Network (PRSN) will train all members of its staff on the policies and procedures with respect to protected health information as necessary and appropriate for the members of the staff to carry out their function within the organization.

PROCEDURE

This training will:

1. Be provided to each member of the PRSN's staff and other persons employed or volunteers who are likely to have contact with protected health information.
2. Be provided to all new hires within thirty (30) days of hiring.
3. Be provided to each staff member whose functions are affected by a material change in the policies or procedures of the PRSN, within a reasonable period of time after the material change becomes effective. The PRSN will document that the training has been provided through maintenance of signed acknowledgements by all staff upon completion of any required training. This acknowledgement will include a statement that the staff member will honor all of the PRSN's security and privacy policies and procedures.

The training on privacy and security will include, but not be limited to, the following topics:

1. General awareness of privacy and security issues, including specific awareness of Health Insurance Accountability and Portability Act (HIPAA) regulations and requirements.
2. The PRSN policies and procedures with respect to protected health information and information security.
3. Vulnerabilities of health information in the PRSN's environment.
4. Security responsibilities of each staff member:
 - General security awareness and responsibility
 - Password protection
 - Data backup procedures
 - Remote access
 - Removal of information from the PRSN
 - Consumer records outside of the official medical record
 - Proper authorization and consent to release procedures
 - Workstation acceptable use policies and practices
 - Consumer rights and responsibilities regarding protected health information and confidential records
5. Procedures to follow in case of a suspected breach of privacy or security.
 - Definition of a Breach
 - Description of Unsecured Protected Health Information
 - Disclosures excluded from Breach definition
 - Identifiers that compromise the security or privacy of the PHI
 - Agency Process for breach identification
 - Procedure for informing appropriate agency staff
 - Method for determining whether incident was a breach or not
 - Notification Requirements
 - Timeliness of Notification
 - Content of Notification
 - Methods of notification
 - Requirement to inform the HHS Secretary
 - Documentation Requirements

-Procedure for documenting potential breach incidents

6. Disaster plan and emergency procedures.

Once this training program has been received and acknowledged by all current staff, the PRSN will deploy a continuing training plan that includes the following features:

1. Basic security awareness training as outlined above will be repeated for all staff at least once every three (3) years after the initial training. Staff members receiving this follow-up training will complete another acknowledgement of training receipt form.
2. At least every three (3) months, the Administrative Assistant, in conjunction with the Privacy Officer, will publish a privacy and/or security reminder newsletter/flyer that will be distributed to all staff via the following means:
 - Email to all staff, or
 - Provided to staff during routine staff meetings

Acknowledgement of Training: HIPAA Privacy & Security

I, the undersigned, have received training on security and privacy issues; policies and procedures of the Peninsula Regional Support Network (PRSN) relating to uses and disclosures of protected health information; staff responsibilities for security and privacy; and other topics relating to security and privacy of client information. I also pledge to follow and support all the PRSN policies and procedures in this regard.

I understand that my obligations outlined above will continue after my employment/contract/association/appointment with the PRSN ends.

I further understand that my obligations concerning the protection of the confidentiality of client protected health information relate to all client health information whether I acquired the information through my employment/contract/association/appointment with the PRSN or within any of the healthcare facilities owned or managed by the PRSN.

I also understand that unauthorized use or disclosure of such information will result in a disciplinary action up to and including termination of employment/contract/association/appointment, the imposition of fines pursuant to relevant state and federal legislation, and a report to my professional regulatory body.

DATE SIGNED: _____

SIGNATURE OF INDIVIDUAL: _____