

## Texas Tech University Health Sciences Center El Paso HIPAA Privacy Policy

<b>Policy: HPP 1.4</b>	<b>Effective Date:</b> July 20, 2010
<b>Privacy Training and Education</b>	<b>Last Revision Date:</b> January 23, 2024
<b>References:</b> <a href="#">45 CFR 160.103</a> and <a href="#">45 CFR 164.520</a> , <a href="https://www.hhs.gov/ocr/index.html">https://www.hhs.gov/ocr/index.html</a>	

### **Policy Statement**

This policy establishes HIPAA privacy training standards for Texas Tech University Health Sciences Center El Paso (TTUHSC El Paso) workforce members in accordance with the requirements of the Federal Health Insurance Portability and Accountability Act (HIPAA).

### **Scope**

This policy applies to all TTUHSC El Paso workforce members. This policy does not apply to TTUHSC El Paso business associates, as that term is defined in [45 CFR 160.103](#).

Workforce Member. TTUHSC El Paso workforce member means employees, residents, students, volunteers, and other persons whose conduct, in performance of work for TTUHSC El Paso, is under the direct control of TTUHSC El Paso, whether or not they are paid by TTUHSC El Paso. It does not include business associates or their employees and agents. See [45 CFR 160.103](#).

### **Policy**

TTUHSC El Paso workforce members must complete initial and refresher HIPAA privacy training and education as outlined in this policy.

1. General.
  - a. Training Materials. The Institutional Privacy Officer (IPO) is responsible for developing and/or approving the HIPAA privacy training materials necessary to satisfy the training requirements outlined in this policy.
  - b. Training Modalities. Various methods may be used to deliver HIPAA Privacy training, including, but not limited to, live, videotape, internal/external web-based sessions, e-mail, memorandum, newsletters, or any combination thereof. The IPO and/or their designees shall provide any live HIPAA Privacy training provided under this policy.
  - c. Tracking. Unless otherwise noted, the IPO is responsible for tracking the completion of HIPAA Privacy training required by this policy. The IPO is responsible for notifying supervisors/directors if required HIPAA privacy training has not been completed in a timely manner by workforce members under their supervision.
  - d. Supervisors/Directors. It is the responsibility of the supervisor/director of each TTUHSC El Paso department to ensure the workforcemembers under his/her supervision timely complete the HIPAA privacy training required under this policy.
2. Training.
  - a. Orientation. TTUHSC El Paso workforce members shall receive initial HIPAA Privacy and Security training as part of new employee orientation and shall sign the

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Confidentiality Agreement, Attachment B of TTUHSC El Paso OP 52.09, [https://elpaso.ttuhsoc.edu/opp/\\_documents/52/op5209.pdf](https://elpaso.ttuhsoc.edu/opp/_documents/52/op5209.pdf) Training should be completed within thirty (30) days of employment.

- b. TTUHSC El Paso Research. All TTUHSC El Paso clinical researchers, co-investigators and research staff must complete the HIPAA Privacy module contained within the Collaborative IRB Training Initiative (CITI), Protection of Human Research Subjects administered by the University of Miami. This training may be in addition to any other HIPAA privacy training that is required to be completed by TTUHSC El Paso workforce members.
  - c. Refresher Training. TTUHSC El Paso workforce members must take refresher training annually, as made available and upon the schedule determined by the IPO or designee. Training should be completed within 90 days from the date of assignment.
  - d. Additional Training. The IPO may require TTUHSC El Paso workforce members to complete additional HIPAA privacy training to address non-compliance and or minimize the risk of future non-compliance.
3. Response to Non-Compliance.
- a. Failure to complete the required education within the time frames outlined above will result in the following action until the required education is completed:
    - i. Reported to the individual's supervisor and/or chair for corrective action, including disciplinary action, as applicable in accordance with [http://elpaso.ttuhsoc.edu/opp/\\_documents/70/op7031.pdf](http://elpaso.ttuhsoc.edu/opp/_documents/70/op7031.pdf)
  - b. Non-compliance with this policy may be reported to the TTUHSC El Paso Privacy and Security Committee and/or Institutional Compliance Committee as appropriate for further corrective action.

Knowledge of a violation or potential violation of this policy must be reported directly to the institutional privacy officer or the Fraud and Misconduct hotline at (866) 294- 9352 or [www.ethicspoint.com](http://www.ethicspoint.com) under Texas Tech University System.

### **Frequency of Review**

This policy will be reviewed on each even-numbered (ENY) by the Institutional Privacy Officer, and the HIPAA Privacy and Security Committee, but may be amended or terminated at any time.

Questions regarding this policy may be addressed to the Institutional Privacy Officer or Institutional Compliance Officer.

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**Review Date:** January 18, 2024

**Revision Date:** October 30, 2015, July 19, 2016, September 18, 2018, January 25, 2022,  
January 23, 2024