

Texas Tech University Health Sciences Center El Paso HIPAA Privacy Policy

Policy: HPP 2.1 <u>Monitoring Use and Safeguards of PHI HIPAA Audits</u>	Effective Date: July 1, 2016 <u>Policy #: HPP 2.1</u>
Monitoring Use and Safeguards of PHI HIPAA Audits Effective Date: July 1, 2016 <u>25, 2025</u>	Last Revision Date: May 16, 2023 <u>March 25, 2025</u>
References: http://www.hhs.gov/ocr/hipaa/	
TTUHSC El Paso HIPAA Privacy and Security Website: https://ttuhscel.edu/hipaa/	

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Policy Statement

It is the policy of the Texas Tech University Health Sciences Center El Paso (TTUHSC El Paso) to ensure patient's health information is used appropriately by faculty, employees and contractors, residents, and volunteers. Audits will be used to monitor compliance with HIPAA regulations and TTUHSC El Paso HIPAA policies and procedures, and to assist in reducing the risk of non-compliance.

Scope

This policy applies to all PHI maintained by TTUHSC El Paso

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Policy

The monitoring and audit program is designed as an ongoing internal HIPAA compliance to ensure that the privacy policies and procedures are followed, appropriate safeguards are in place, and that the privacy of PHI is maintained in accordance with HIPAA, Texas state statutes, and TTUHSC El Paso HIPAA Privacy policies and procedures.

For-cause and routine audits will be conducted by the Institutional Privacy Officer to ensure compliance with HIPAA rules and regulations as well as TTUHSC El Paso HIPAA policies and procedures.

For-cause audits are those related to known or suspected concerns/issues. For-cause audits will be conducted depending on the level of risk the issue/concern presents to the institution. High-risk issues i.e., high probability of a violation of HIPAA regulations and/or TTUHSC El Paso policy, would be considered more urgent and audited as soon as feasible within the current year's work plan. Other issues may be lower risk and may be scheduled in a future work plan.

Routine audits include Privacy Assessments (Clinic Walkthrough) of clinical departments, which are conducted quarterly.

Audits consist of one or more of the following:

- staff/faculty interviews to determine general knowledge of responsibilities in protecting PHI;
- review of policies and procedures;
- review of records to verify compliance;
- electronic medical record user access;
- observed staff practices;

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- facility inspection to ensure required postings and controls are in place.

Quarterly audit results will be communicated to the Department head/Administrator for corrective action, if any, and in some cases to the HIPAA Privacy and Security Committee (HPSC).

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 under Texas Tech University System.

Frequency of Review

This policy will be reviewed on each odd-numbered (ONY) 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 the Institutional Compliance Officer

Review Date: ~~May 8, 2023~~ March 14, 2025

Revision Date: February 2, 2017, July 16, 2019, March 16, 2021, May 16, 2023, March 25, 2025

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