

Presidents Office Policy PR10

## SHSU PHYSICIANS POLICY

### PATIENT PRIVACY AND HEALTH INSURANCE PORTABILITY AND ACCOUNTABILITY ACT (HIPAA)

#### 1. GENERAL

SHSU Physicians is a Health Care Component of Sam Houston State University (SHSU) Hybrid Health Insurance Portability and Accountability Act Entity. This policy pertains to all SHSU employees assigned to SHSU Physicians (SHSU Physicians and those who facilitate transactions involving protected health information (PHI), as well as SHSU non-employee workforce, vendor or contractors that have access to patient records at SHSU

PHI

alternative locations. The Clinic shall follow this Policy.

#### 2. PURPOSE

The Health Insurance Portability and Accountability Act (HIPAA)

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otherwise permitted by law. More detail on what events constitute a breach may be found in the SHSU HIPAA Breach Notification Policy

- 3.02 Business Associate A person or entity other than a member of a SHSU health care component workforce that performs a function or service that creates, receives, maintains, or transmits protected health information for a HIPAA covered entity.
- 3.03 Information Security The preservation of confidentiality, integrity and availability of protected health information; in addition, other properties, such as authenticity, accountability, nonrepudiation, and reliability can also be involved.
- 3.04 Protected Health Information (PHI). Individually identifiable health information, in any form or media, created, received, maintained or electronically transmitted by a covered entity or its business associate
- 3.05 Workforce Employees, volunteers, trainees, and other persons whose conduct, in the performance of work for a covered entity or business associate is under the direct control of such covered entity or business associate, whether or not they are paid by SHSU Physicians or a business associate For purposes of this policy, references to employees shall include members of the SHSU Physicians workforce.

#### 4. NOTIFYING PATIENTS OF PRIVACY PRACTICES

SHSU Physicians shall comply with all requirements of the HIPAA Privacy Rule, including:

- 4.01 Notice of Privacy Practices (NPP) a document patients sign acknowledging that SHSU Physicians has provided Notice of Privacy Practices and that SHSU Physicians will protect their information as set forth in the HIPAA Act. (See Notice of Privacy)
- 4.02 Copies of the NPP will be kept at various locations throughout the facility. A copy will be available for each patient to review and sign on Clinic check-in. SHSU Physicians will provide a paper copy to patients who request a copy.
- 4.03 Patients may make a written request for amendment of their PHI contained in medical records created and maintained by SHSU Physicians, provided the request is accompanied by a supporting reason. If a patient orally requests an amendment be made, or does not provide a reason, the patient will be provided with a "Request for Amendment of Protected Health Information" form to facilitate their ability to make a written, complete request.
- 4.04 Before SHSU Physicians uses or discloses patient PHI for any purpose involving treatment, payment, or health care operations, the Clinic must make a good faith effort to obtain an

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NPP Acknowledgment from the patient Any signed NPP Acknowledgement is to be kept in the patient's chart (electronic or paper)

4.05 If a patient refuses to sign the NPP, a notation will be made in the chart (electronic or paper) that the patient was provided the NPP, but refused to sign.

4.06 Patients 18 years of age or older or emancipated minors can sign NPP. Otherwise, the parent or guardian accompanying the child to the appointment as required by SHSU Physician policies will sign for the child or dependent.

4.07 Red Flag Rule SHSU Physicians will make an effort to identify each patient with his/her medical records, to protect patients from theft of identity, PHI and other sensitive information including, credit card information, social security numbers, insurance claim information, and employee (7(e)-1 (( ( )TJ [(P)2 (H)8.00I)7 ( a)14 (n)( )Tj.57 .65 0 T0549(rm)10 (at

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5.05 SHSU Physicians will provide the "minimum necessary" amount of information to accomplish the intended purpose of the use or disclosure to be released, except when PHI is disclosed for treatment purposes. The law contemplates that providers and covered entities will use their common sense and good judgment to determine the minimum amount of private information that is needed to accomplish the intended purpose.

6. COMPREHENSIVE SAFEGUARDS TO PROTECT PHI

6.01 SHSU Physicians will make every reasonable effort to implement safeguards to protect the confidentiality, integrity, and availability of electronic or hard copy of PHI

6.02 SHSU Physicians appoint the Director of Clinic Operations as the Clinic Privacy and Security Official to manage the security of the PHI and oversee the development, implementation, training, maintenance of, and adherence to privacy policies and procedures regarding the safe use and handling of PHI in accordance with SHSU policies, the SHSU Physician policies and procedures applicable to SHSU. T

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7.02 All access to computers is password protected, with a renewal every six (6) months. A screensaver or sleep mode will activate after fifteen (15) minutes of nonuse.

7.03 SHSU Physician employees will lock computer screens whenever their screen is not within their sight

7.04 All SHSU Physician portable workstations shall be securely

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8.06 All computers will be cleansed to ensure all PHI is removed before it is used or destroyed in accordance with SHSU Media Sanitization Policy, IT5.

9. AUDITS TO SECURE SAFEGUARDS ARE IN PLACE AND CURRENT

9.01 SHSU Physicians will have monthly and yearly audits to ensure security and safeguards are in place and up to date.

9.02 Monthly audits will be conducted by the Clinic Privacy and Security Official and logged to ensure all activity and access is appropriate and in keeping with the intent of this policy.

9.03 Each server will be protected by a firewall, virus protection, and reviewed @Sam annually.

9.04 All Logs will be reviewed and maintained by the Clinic Privacy and Security Official yearly.

10. SECURITY BREACH NOTIFICATION AND MITIGATION

10.01 SHSU Physicians shall make every effort to secure an individual's PHI including the use of encryption whenever possible.

10.02 SHSU Physicians and any

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- b) The Clinic Privacy and Security Official will log the complaint onto the Complaint Log (see Complaint Log).
- c) The Clinic Privacy and Security Official will then take the necessary action to investigate and resolve the complaint to the satisfaction of the patient. If the complaint cannot be satisfactorily resolved, it will be forwarded to the Medical Director and SHSU Privacy and Security Office for resolution.
- d) Patients may file a complaint with the Secretary of HHS, and upon request shall be directed to and follow the steps provided on the Office for Civil Rights website ([www.hhs.gov/ocr/hipaa](http://www.hhs.gov/ocr/hipaa)).

**12. PROGRAM IMPROVEMENT**

12.01 The Clinic Privacy and Security Official, the SHSU Privacy and Security Officer, and the SHSU Compliance Officer shall periodically address improvement of the HITAW  
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