

HEALTH SCIENCE CENTER HANDBOOK OF OPERATING PROCEDURES

Chapter 11	Patient Privacy Policies	Effective:	April 2003
Section 11.4	Privacy Education	Revised:	April 2010
Policy 11.4.1	Education and Training on Patient Privacy	Responsibility:	Assistant Vice President for Regulatory Affairs & Compliance

EDUCATION AND TRAINING ON PATIENT PRIVACY

Policy

All employees, students and non-employees of the Health Science Center are required to complete mandatory training in patient privacy regulations and policies based on his/her job responsibilities.

New Employees

Each new employee is required to complete basic patient privacy training within thirty (30) days of employment. Additional education and training is required based on individual job title and responsibilities, and level of exposure to protected health information. The department is responsible for notifying the Office of Regulatory Affairs & Compliance of the required level of training for new employees.

Training Requirements

Level 1 – Basic privacy and confidentiality training.

Employees are required to take Level 1 training if their exposure to protected health information will be rare to minimal or incidental. Examples of positions that are required to take this training are: Computing Resources staff who are not generally exposed to protected health information, accounting, facilities, housekeeping staff who have occasional and incidental exposure to protected health information.

Level 2 – Requires in-depth training on institutional policies on patient privacy, and security and confidentiality of health information with emphasis on the administrative aspects of the policies and responsibility to ensure that others comply with the policies.

Employees whose job responsibilities include the following are required to take Level 3 training: Access to patient health information; research personnel that handle patient information; development of systems or high-level processes that involve the use of protected health information; manipulating protected health information, such as required in research studies. This training will be required of all clinical and research faculty and their support staff that handle any type of health information. This category also includes Computing Resources staff who are exposed to electronic protected health information.

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**Department
And Clinic
Responsibilities**

Departments and Clinics are responsible for providing additional one-on-one training with staff who interact with patients. The training should include how to handle patient requests and complaints. Also, an overview of how patient health information is disclosed and used within a specific area; and, accessing and safeguarding patient information.

**Employees on
Leave of Absence**

If an employee is on a leave of absence, they must complete patient privacy training within 30 days of returning to work.

**Training from
Affiliated
Organizations**

The Health Science Center will accept the training of some affiliated institutions. However, the Office of Regulatory Affairs & Compliance will need to review the content of the training to ensure the content is appropriate to meet the federal requirements and the requirements of the Health Science Center. If approved, the Office of Regulatory Affairs & Compliance will need evidence that training was taken by the employee, such as a certificate of completion.

Failure to Attend

Failure to meet these training requirements will result in disciplinary actions as described in [Section 4.10.4](#) of the *Handbook of Operating Procedures* (HOP), "Disciplinary Actions for Failure to Attend Compliance Training Sessions".
