

HEALTH SCIENCE CENTER HANDBOOK OF OPERATING PROCEDURES

Chapter 11	Patient Privacy Policies	Effective:	April 2003
Section 11.4	Privacy Education	Revised:	April 2013
Policy 11.4.1	Education and Training on Patient Privacy	Responsibility:	Chief Compliance Officer 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.

New Employees

New employees are required to complete patient privacy training within thirty (30) days of their effective date of assignment in the [Knowledge Center](#). This will be within the state privacy mandated timeframe of no later than the 90th day after employment. All Health Science Center employees will be required to complete training every two (2) years thereafter from date of completion. Additional training will be required within one year of material changes made to the federal or state privacy rules. Each department is assigned a level of training for their employees.

Training Requirements

Level 1 – Basic privacy and confidentiality training.

Departments whose employees are generally not exposed to protected health information (PHI), or exposure is rare to minimal or incidental. Examples of this level included IMCSS staff, which are not generally exposed to PHI; Accounting, Housekeeping and Facilities staff who have occasional exposure to PHI.

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.

Departments whose functions include patient care, clinical research, or whose employees are involved in setting up systems or high-level processes that involve the use of PHI; such as required in research studies. Requires a higher level of understanding of security, privacy and confidentiality issues to ensure that objectives of the university are carried out appropriately and consistently.

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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”.
