

Chapter 3 - General Institution

BP 3805 -- Health Insurance Portability and Accountability Act (HIPAA)

Chemeketa Community College is committed to preserving the privacy and confidentiality of a patient's health information. Federal¹ law requires the following when handling, storing and transmitting personally identifiable health information (PHI) and electronic personal health information (ePHI) of patients.

1. **HIPAA Notice of Privacy Practices** – All patients shall be offered a paper copy of Chemeketa's Notice of Privacy Rights and need to acknowledge in writing they have received it. The Notice sets forth patient rights, college responsibilities to PHI/ePHI, including how the college uses and discloses PHI/ePHI and the patient complaint procedure.
2. **Annual Training and Risk Assessment** – Chemeketa employees and students who have access to PHI shall be trained annually according to the HIPAA laws. The college's HIPAA policies and procedures will be used as a part of the annual training. Additionally, Chemeketa shall do an annual HIPAA risk assessment.
3. **HIPAA Compliance Officers** –Any department with PHI/ePHI shall assign a HIPAA privacy officer. Chemeketa shall have a designated HIPAA security officer. (See Chemeketa's Guideline for Protecting Customer Information.)
4. **Privacy and Security Safeguards** –Chemeketa shall implement privacy, and security safeguards for PHI/ePHI. Verification requirements will be developed to verify the identity of the patient or entity prior to any disclosure of PHI/ePHI. Chemeketa will ensure all contracts related to PHI/ePHI shall have a HIPAA clause restricting access and use of PHI/ePHI according to security and privacy standards.
5. **Potential or Actual HIPAA Breach** – Chemeketa employees and students shall report any suspected violation of college HIPAA policy or procedure or security breach to the appropriate HIPAA compliance officer. The HIPAA compliance officer shall respond to and investigate any alleged instances and all legitimate potential breaches of PHI/ePHI. To determine if an actual breach has occurred a risk assessment shall be performed. If the HIPAA compliance officer determines that a breach has occurred, they (or their designee) will notify the individuals involved in the breach as well as the U.S. Department of Health and Human Services. This notification shall be made in a timely manner, unless there is a delay due to law enforcement intervention.

¹ Health Insurance Portability and Accountability Act (HIPAA) of 1996 and as amended by the Health Information and Technology for Economic and Clinical Health Act (HITECH) of 2009, part of the America Recovery and Reinvestment Act of 2009

6. **Sanctions** – Chemeketa shall apply appropriate sanctions against employees and/or students who fail to comply with HIPAA policies and procedures.
For employees—disciplinary action up to and including termination, subject to collective bargaining agreements.

For students—sanctions may include suspension from college programs, subject to Students Rights and Responsibilities and academic program rules.

1. **Contingency Plan** – Chemeketa shall have a contingency plan for responding to an emergency or other occurrence that damages systems that contain ePHI. This includes data backup, disaster recovery, and emergency mode operations. Failing to comply with college contingency plans may result in disciplinary action up to and including termination, subject to collective bargaining agreements.
2. **Documentation** – Chemeketa shall retain and make available documentation of HIPAA trainings, risk assessments, any complaints, investigations, and policies for six years from the date of its creation or the date when it last was in effect, whichever is later.

In response to this policy, the college shall develop and implement procedures for carrying out the list of requirements that include, but are not limited to:

Procedures and Guidelines related to HIPAA:

1. Guideline for Protecting Customer Information
2. Dental Assisting Student Handbook – HIPAA guidelines
3. HIPAA Radiology Procedures for Dental Assisting Students
 - a. Receiving radiology prescriptions
 - b. Sign-in and notice of privacy practices
 - c. Patient consent to release records in digital format
 - d. E-mailing images to dental providers
 - e. E-mailing images to Dental Assisting National Board (DANB)
4. Complaint Process

December 20, 2016

Adopted College Board of Education

Revised College Board of Education

References:

Former Policy Number: 1770