

JORDAN VALLEY EMS AUTHORITY POLICY

POLICY #: 103.4.6

SUBJECT: PRIVACY AND SECURITY OFFICER

CAAS STANDARD: 103.4

SCOPE: ALL EMPLOYEES AND VOLUNTEERS

PURPOSE:

The Authority is responsible for ensuring the security of all patient information that we create, receive, or use under both the Privacy Regulations (Privacy Rule) and the Security Regulations (Security Rule) of the Health Insurance Portability and Accountability Act of 1996 (HIPAA).

POLICY:

This policy outlines the roles and responsibilities of the Privacy and Security Officer. The Privacy and Security Officer is not a full time position but rather a responsibility assigned to a specific person by the Authority. In abstention of such an assigned person, the responsibility for these tasks will fall on the Administrative Director. This policy applies to all the Authority staff members who create, receive or use PHI and e-PHI, and any other confidential patient or business information. It outlines the role of the Privacy Officer and Information Security Officer and how those responsibilities relate to all The Authority staff members.

PROCEDURE:

Both privacy and security compliance under HIPAA are very important responsibilities. The Authority will assign the responsibility of Privacy Officer and Information Security Officer to a staff member knowledgeable about the Privacy and Security Rules, and who will be able to devote the time and energy to the important responsibilities that come with this assignment. The Privacy Officer and Information Security Officer are high level positions in the organization and as such, the persons assigned to these responsibilities will have access to the highest levels of management to review and discuss policies and procedures, as well as compliance issues and concerns related to the HIPAA Privacy and Security Regulations. The Privacy Officer and the Information Security Officer may be the same person, since the privacy-related responsibilities between the Privacy Rule and the Security Rule are similar in many respects. The Authority may also break out the privacy and security compliance responsibilities into two separate positions, depending on workload and organizational need. The Privacy and Information Security Officers may delegate appropriate duties to other responsible staff members. The following is an overview of the compliance responsibilities of both functions:

Privacy Officer Responsibilities

The Privacy Officer oversees all activities related to the development, implementation, and maintenance of the Authority's policies and procedures covering the privacy of patient health information. This person serves as the key compliance officer for all federal and state laws that apply to the privacy of patient information, including the federal Health Insurance Portability and Accountability Act of 1996 (HIPAA) and the Privacy Regulations under that law.

This individual is tasked with the responsibility of ensuring that all of the organization's patient information privacy policies and procedures related to the privacy of, and access to, patient health information are followed.

- Develops policies and procedures on staff training related to the privacy of patient health information and protected health information.
- Defines levels of staff access to PHI and minimum necessary requirement for staff based on the required job responsibilities.
- Oversees, directs, delivers, and ensures the delivery of initial and ongoing privacy training and orientation to all staff members, employees, volunteers, students and trainees.
- Serves as the contact person for the dissemination of PHI to other health care providers.
- Serves as the contact person for patient complaints and requests.
- Processes patient requests for access to an amendment of health information and consent forms.

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- Processes all patient accounting requests.
- Ensures the capture and storage of patient PHI for the minimum period required by law.
- Ensures ambulance service compliance with all applicable Privacy Rule requirements and works with legal counsel and other managers to ensure the company maintains appropriate privacy and confidentiality notices and forms and materials.
- Cooperates with the state and federal government agencies charged with compliance reviews, audits and investigations related to the privacy of patient information.

Information Security Officer Responsibilities

The Information Security Officer oversees all activities related to the development, implementation, and maintenance of the Authority's policies and procedures covering the security of electronic patient health information (e-PHI). This person serves as the key compliance officer for all federal and state laws that apply to the security of patient information, including the federal Health Insurance Portability and Accountability Act of 1996 (HIPAA) and the Security Regulations under that law.

This individual is tasked with the responsibility of ensuring that all of the organization's patient information privacy policies and procedures related to the privacy of, and access to, patient health information are followed.

- Ensures that the necessary and appropriate HIPAA related policies are developed and implemented to ensure the security and integrity of all e-PHI within The Authority and as provided to our business associates.
- Ensures that the necessary infrastructure of personnel, procedures and systems is in place to develop and implement the necessary HIPAA- related policies with respect to the security of e-PHI.
- Ensures that the necessary infrastructure of personnel, procedures and systems is in place to assess, analyze, monitor, and review the Authority's compliance with all HIPAA-related security policies.
- Develops policies on the security of health care information, including computer and password security and patient data integrity.
- Ensures that the necessary infrastructure of personnel, procedures and systems is in place to provide a mechanism for reporting security incidents and HIPAA security violations.
- Acts as a spokesperson and single point of contact for the Authority in all issues related to HIPAA security.
- Periodically reviews all security policies to ensure that they maintain their viability and effectiveness.
- Develops and conducts educational programs for the Authority staff to help ensure their compliance with all e-PHI policies and procedures.
- Cooperates with the state and federal government agencies charged with compliance reviews, audits and investigations related to the security of patient information.

POLICY HISTORY:

Implemented February 1, 2015