

JORDAN VALLEY EMS AUTHORITY POLICY

POLICY #: 103.4.7

CAAS STANDARD: 103.4

SUBJECT: EVALUATION OF PRIVACY POLICIES

SCOPE: ALL EMPLOYEES AND VOLUNTEERS

PURPOSE:

The Authority is responsible for ensuring the privacy and 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:

The Authority will ensure that its Privacy and Security Policies, Procedures and Training are up to date and effective in safeguarding the confidentiality, integrity and availability of PHI and e-PHI created, received, maintained and transmitted by the Authority. It is the goal of the Authority to adjust our policies and procedures accordingly based on periodic reviews and evaluations of our privacy protection systems. This policy applies to all Authority staff members who have access to or use PHI or e-PHI and the managers who are responsible for providing the updates in privacy and security practices to staff members. The Privacy/Information Security Officer will have overall responsibility for monitoring all new developments in patient privacy and security of patient information and will recommend updates to the compliance program as necessary.

PROCEDURE:

Maintaining Knowledge

1. The Privacy/Information Security Officer will strive to keep current with all changes in the law and regulations that address the privacy and security of patient information.
2. The Privacy/Information Security Officer will subscribe to professional journals and newsletters on the subject of privacy protection, and will sign up for appropriate list-serves to obtain current information.
3. The Privacy/Information Security Officer will monitor Internet sites periodically for new information on compliance issues related to patient privacy.
4. The Privacy/Information Security Officer will attend seminars and conferences on privacy protection as needed and as the budget allows.
5. The Privacy/Information Security Officer will consult with legal counsel as necessary to learn of new legal developments that could affect the Authority with respect to privacy issues.

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Evaluation of Policies and Procedures

1. At least every three years, the Privacy/Information Security Officer will review all existing policies and procedures for compliance with current law and regulations regarding privacy.
2. Any member of the staff may suggest changes to our Privacy and Security Policies or Procedures by submitting the suggestion to the Privacy/Information Security Officer for consideration.
3. The procedure review will include an identification of all changes that need to be made to our policies, based on the experience of staff and management and changes in the regulatory environment during the prior year.
4. Any critical changes in the law or regulations that require a change in our privacy practices will be addressed immediately and incorporated into our privacy compliance program.
5. All complaints and concerns regarding the safeguarding of patient information will be evaluated by the Privacy/Information Security Officer to determine if policy or procedure changes need to be implemented.
6. Unwritten procedures and practices will also be reviewed to ensure compliance with the Privacy and Security regulations.

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Evaluating and Updating Training Programs

1. The Privacy/Information Security Officer will be the keeper of all HIPAA-related training materials and will update those materials and keep them current with recent changes in privacy practices as necessary.
2. Additional in-service training will be scheduled as necessary to ensure that all staff members are kept up to date.
3. An updated privacy and security training program will be provided to the staff on an annual basis.
4. New staff members will be provided with updated privacy and security training upon employment and as otherwise necessary.

Updating Password Assignments

1. The Privacy/Information Security Officer will monitor the use of passwords to access the electronic information system.
2. All Authority staff members will keep, use, protect and change their access passwords in accordance with the procedures communicated by the Privacy/Information Security Officer.
3. All staff members must adhere strictly to the password procedures established by the Authority.

POLICY HISTORY:

Implemented February 1, 2015

Reviewed