

Summary of HIPAA Privacy & Security Practices Manual

Introduction

The University of Connecticut is committed to compliance with the Health Insurance Portability and Accountability Act of 1996 (HIPAA) and its related regulations.

Scope

Except where otherwise specified, the policies and procedures specified in this **HIPAA Privacy & Security Practices Manual** apply to those clinics, units, departments, faculty and/or staff identified as HIPAA-Covered Components in the HIPAA Hybrid Designation section of the *Manual*.

The policies and procedures described in this *Manual* replace all previous HIPAA Privacy & Security policies of the University of Connecticut and/or its various components, clinics, offices and departments.

1. The University has assigned the role of University's HIPAA Privacy Officer to the Assistant Director of Compliance in the Office of Audit, Compliance & Ethics to serve as a privacy official who is responsible for the overall guidance, monitoring and maintenance of the privacy policies and procedures for University.
2. The University has assigned the role of University's HIPAA Security Officer to the Chief Information Security Officer (CISO) in UITs to serve as a security official that is responsible for overall guidance, monitoring and maintenance of the security policies and procedures for the University.
3. Each of the University's HIPAA-Covered Components shall designate and maintain a contact person or office who will serve as an internal privacy contact ("privacy liaison") for the individual unit, who is responsible for receiving complaints and who is able to provide further information about matters covered by the Notice of Privacy Practices (the "NPP").
4. Each of the University's HIPAA-Covered Components shall designate and maintain a contact person or office who will serve as an internal data security contact ("security liaison") for the individual unit, who is responsible for monitoring and/or overseeing the Component's compliance with the HIPAA Security Rule and for reporting compliance related security incidents and/or breaches to the University's Security Officer.
5. Each of the HIPAA-Covered Components of the University will make the University's HIPAA Privacy and Security policies and procedures available

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through a Notice of Privacy Practices (NPP). The NPP shall be provided to clients/patients (hereinafter “Individuals”) as follows:

- The NPP will be distributed and/or made available to directly to Individuals receiving services from the HIPAA-covered component,
 - A copy of the NPP will be posted in the main reception area of the unit, and/or
 - A link to the NPP will located on the HIPAA-covered component’s web page.
6. The HIPAA-Covered Components will train all employees, faculty, staff, students and volunteers (collectively, “members” of the HIPAA-Covered Components) who may have access to protected health information (PHI) on the policies and procedures that have been implemented to protect PHI. The training may be customized as appropriate for the different roles filled by the members listed above in a given HIPAA-Covered Component.
 7. The HIPAA-Covered Components will implement appropriate administrative, technical, and physical safeguards to protect the security and privacy of protected health information.
 8. The HIPAA-Covered Components will provide a process for Individuals to make complaints concerning the HIPAA-Covered Components privacy policies and procedures.
 9. If staff members of the HIPAA-Covered Components fail to comply with the University’s security and privacy policies and procedures or the requirements of the Health Insurance Portability and Accountability Act (HIPAA), the HIPAA-Covered Components will use the disciplinary procedures currently defined at the University of Connecticut to apply appropriate sanctions.
 10. The HIPAA-Covered Components will not intimidate, threaten, coerce, discriminate against, or take other retaliatory action against any Individual or other person who exercises any right or process established by HIPAA.
 11. The HIPAA-Covered Components will not require Individuals to waive their rights to make a complaint to the Secretary of the Department of Health and Human Services. The HIPAA-Covered Components will also not require Individuals to waive their rights to make a complaint as a condition of the provision of treatment, payment, or eligibility for benefits.
 12. The HIPAA-Covered Components will implement unit-level procedures that are designed to implement the policies set forth in this *HIPAA Privacy & Security Practices Manual* and the standards, implementation specifications and other requirements of HIPAA. The procedures will be reasonably designed to ensure

compliance, taking into account the types of activities that are performed by the HIPAA-Covered Components.

13. The University will change its policies and procedures as necessary and appropriate to respond to changes that may be made to the standards, requirements, and implementation specifications of HIPAA.
14. The University and its HIPAA-Covered Components will maintain policies and procedures in written or electronic form, maintain copies of communications that are required to be in writing, and retain the documentation for a minimum of six (6) years from the date of its creation or the date when it last was in effect, whichever is later.

Business Associates

The University will document an agreement that defines the privacy and security rules that apply to the relationship between its HIPAA-Covered Components and each Business Associate. These agreements will conform to the requirements of HIPAA and its related regulations.

Individual Rights

The University of Connecticut, in accordance with state and federal law, will allow Individuals to access and inspect or obtain a copy of his/her protected health information (PHI) for long as the HIPAA-Covered Components maintain the PHI. The University's HIPAA-Covered Components shall at a minimum maintain such records in accordance with retention schedules required by law and regulation, and as established by the Office of the Public Records Administrator for the State of Connecticut.

The HIPAA-Covered Components will allow an Individual to request amendment of PHI or a record about him/her for as long as the HIPAA-Covered Components maintain the information.

The HIPAA-Covered Components will accept and consider a request from an Individual to restrict the use and disclosure of PHI that is created and maintained by the HIPAA-Covered Components in accordance with HIPAA and its related regulations and the policies set forth in this *Manual*.

The HIPAA-Covered Components will permit an Individual to request that confidential communication of PHI be delivered to alternative locations or by alternative means. The HIPAA-Covered Components will accommodate reasonable requests for alternative communications in accordance with HIPAA and its related regulations and the policies set forth in this *Manual*.

The HIPAA-Covered Components will provide an accounting of disclosures of PHI made by the HIPAA-Covered Components in the six (6) years prior to the date on which the accounting is requested except for disclosures not required by law. The accounting will be provided within 60 days of receipt of the request, which may be extended as necessary where permitted by law.

Use and Disclosure

The University of Connecticut will limit its use and disclosure of PHI as required by law. The University believes that an Individual has the right to manage how PHI is being used and disclosed. Except where permitted or required by law, the University will only use and disclose PHI with people involved in the care of a patient, for payment of services, and for general health care operations.

The University's HIPAA-Covered Components are permitted to use or disclose PHI as follows:

1. To the Individual
2. To authorized personal representatives of an Individual;
3. To carry out treatment, payment or health care operations;
4. In compliance with an authorization to use or disclose PHI;
5. As required by law, public health activities, health oversight, law enforcement purposes, judicial and administrative proceedings;
6. As required to support reviews or investigations conducted by the Secretary of the U.S. Department of Health and Human Services or other delegated organization;
7. As allowed by law, for the purpose of the legal defense of the University; and
8. As permitted for marketing, fundraising, and underwriting activities that the University may perform.

The University HIPAA-Covered Components will disclose PHI in accordance with the consent, authorization, or other legal permissions from an Individual.

For certain types of use and disclosure of PHI, the University's HIPAA-Covered Components will inform an Individual in advance of the use or disclosure and give the individual an opportunity to prohibit or restrict the use or disclosure.

For other types of use and disclosure of PHI, the University and/or its HIPAA-Covered Components may make the disclosure as allowed by law without informing an Individual in advance of the use or disclosure or giving the Individual an opportunity to prohibit or restrict the use or disclosure. The list of these types of activities include disclosures for the sole purposes of:

1. Public Health Activities
2. Health Oversight Activities
3. Victims of Abuse, Neglect, or Domestic Violence
4. Judicial and Administrative Proceedings
5. Law Enforcement Activities

6. Decedents
7. Threats to Health or Safety
8. Research
9. Workers' Compensation Activities

The University and/or its HIPAA-Covered Components may use or disclose PHI without authorization when information that would allow identification of the Individual has been removed in a HIPAA-compliant manner.

Minimum Necessary

When disclosing PHI to other organizations, the University's HIPAA-Covered Components will provide only the PHI that is necessary for the organization to accomplish the intended use of the data. When receiving PHI from other organizations, the University's HIPAA-Covered Components will rely on those external entities to provide only the information needed to satisfy their needs.