

**LOUISIANA STATE UNIVERSITY  
HEALTH CARE SERVICES DIVISION  
BATON ROUGE, LA**

POLICY NUMBER: 7502-16

CATEGORY: HIPAA Policies

CONTENT: Designation of Privacy Officer and Complaint Contact

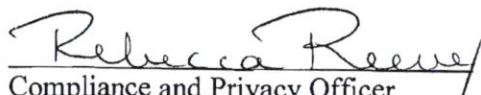
EFFECTIVE DATE: April 14, 2003  
REVIEW DATE: December 7, 2007  
REVISED: December 7, 2007  
January 26, 2009  
July 8, 2010  
May 8, 2014  
February 12, 2015

REVIEWED: March 23, 2012  
July 23, 2013  
February 23, 2016

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Deputy Chief Executive Officer  
LSU Health Care Services Division

3/10/2016  
Date

  
Compliance and Privacy Officer  
LSU Health Care Services Division

3/10/16  
Date

**LOUISIANA STATE UNIVERSITY  
HEALTH CARE SERVICES DIVISION  
BATON ROUGE, LA**

Policy: Designation of Privacy Officer and Complaint Contact

**I. SCOPE**

This policy is applicable to all workforce members of the LSU Health Care Services Division facilities, including employees, physician/practitioner practices, vendors, agencies, business associates and affiliates.

**II. PURPOSE**

To establish the requirements and guidelines for each facility or clinic to designate a Privacy Official to oversee and implement the facility or clinic's privacy policies and procedures, as required by the Health Insurance Portability and Accountability Act (HIPAA), Standards of Privacy of Individually Identifiable Health Information ("HIPAA Privacy Regulations").

**III. POLICY**

Each LSU HCSD Facility must designate a Privacy Official to oversee and implement the Facility's privacy policies and procedures and work to ensure the Facility's compliance with the requirements of the HIPAA Privacy Regulations. The Patient Advocate will also be responsible for receiving complaints about matters of Patient Privacy.

Each Facility Privacy Official should:

- Establish or identify a committee to assist the Privacy Official in his other duties; and
- Be designated with Privacy Program oversight and responsibility.

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Issued April 14, 2003  
Revised: December 7, 2007  
Revised: January 26, 2009  
Revised: July 8, 2010  
Reviewed: July 23, 2013  
Revised: February 12, 2015  
Reviewed: February 23, 2016

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#### IV. DEFINITIONS:

1. **Protected Health Information (sometime referred to as “PHI”)** – for purposes of this policy means individually identifiable health information held or transmitted by a covered entity or its business associate, in any form or media, whether electronic, paper, or oral. Includes demographic data that relates to
  - a. The individual’s past, present or future physical or mental health or condition;
  - b. The provision of health care to the individual, or;
  - c. The past, present, or future payment for the provision of health care to the individual, and that identified the individual or for which there is a reasonable basis to believe it can be used to identify the individual. PHI includes many common identifiers such as name, address, birth date, social security number, etc.

#### V. PROCEDURE:

1. Each Facility shall designate an appropriate individual to serve as the Facility’s Privacy Official.
2. The Privacy Official’s responsibilities shall include, but are not limited to:
  - (A) Privacy Policies and Standards
    - Communication and implementation of the privacy policies and procedures to the facility’s workforce.
    - Assistance with deployment and implementation of the facility’s privacy policies and procedures.  
Development, communication and facilitation of implementation of facility-specific policies and procedures related to patient privacy.
  - (B) Training
    - Overseeing initial and ongoing training for all members of the facility workforce on the policies and procedures related to Protected Health Information as necessary and appropriate to carry out their job-related

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Revised: December 7, 2007  
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duties.

- Ensuring all new members of the workforce are trained within a reasonable period of time.
- Ensure that there is documentation that training has been provided.

(C) Advise members of the workforce on privacy matters.

(D) Implement access monitoring as resources of the facility allow.

(E) Complaints

- Serve in an advisory capacity to the Patient Advocate regarding complaints concerning patient privacy rights.
- Serve in an advisory capacity to the Patient Advocate regarding an investigation of a complaint, or perform the investigation of a privacy complaint.
- Review documentation of complaints and outcomes.

(F) Sanctions

- Ensure violations of privacy policies and procedures are referred to the appointing authority and for consideration of the appropriate sanction.
- Ensure that there is documentation that sanctions are applied when levied.

(G) Mitigate, to the extent practicable, any harmful effect that is known to the Facility from the use or disclosure of Protected Health Information in violation of policies and procedures.

Revision History:

February 12, 2015

- Pg. 4 V. Added “(D) Implement access monitoring as resources of the facility allow”
- Pg. 4 V.F. Added the words: “referred to the appointing authority and for consideration of the” appropriate “sanction”.

**REFERENCES:**

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45 C.F.R. § 164.530

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Issued April 14, 2003  
Revised: December 7, 2007  
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Revised: July 8, 2010  
Reviewed: July 23, 2013  
Revised: February 12, 2015  
Reviewed: February 23, 2016

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