

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

**POLICY NUMBER:** 7502-23

**CATEGORY:** HIPAA Policies

**CONTENT:** Designation of Privacy Officer and Complaint Contact

**APPLICABILITY:** 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. Any reference herein to LSU Health Care Services Division (LSU HCSD) also applies and pertains to Lallie Kemp Medical Center (LKMC).

**EFFECTIVE DATE:**

- Issued: April 14, 2003
- Revised: December 7, 2007
- Revised: January 26, 2009
- Revised: July 8, 2010
- Revised: July 8, 2010
- Reviewed: March 23, 2012
- Reviewed: July 23, 2013
- Revised: May 8, 2014
- Revised: February 12, 2015
- Reviewed: February 23, 2016
- Revised: August 28, 2017
- Reviewed: September 16, 2019
- Reviewed: January 8, 2020
- Revised: August 16, 2022
- Reviewed: January
- Revised: August 16, 2022
- Reviewed: August 4, 2023
- Reviewed: November 2, 2023

**INQUIRIES TO:**

**LSU HCSD  
Compliance Section  
Post Office Box 91308  
Baton Rouge, LA 70821-1308**

**Note: Approval signatures/titles are on the last page.**

**LOUISIANA STATE UNIVERSITY  
HEALTH CARE SERVICES DIVISION  
POLICY: DESIGNATION OF PRIVACY OFFICER AND COMPLAINT CONTACT**

**I. STATEMENT OF 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 Privacy Official 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.

Note: Any reference herein to LSU HCSD also applies and pertains to LKMC.

**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. IMPLEMENTATION**

This policy and subsequent revisions to the policy shall become effective upon approval and signature of the HCSD Chief Executive Officer or Designee.

**IV. DEFINITIONS**

A. **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:

1. The individual’s past, present or future physical or mental health or condition;
2. The provision of health care to the individual, or;
3. 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:**

- A. Each Facility shall designate an appropriate individual to serve as the Facility's Privacy Official.
- B. The Privacy Official's responsibilities shall include, but are not limited to:
1. 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.
  2. 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 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.
  3. Advise members of the workforce on privacy matters.
  4. Implement access monitoring as resources of the facility allow.
  5. Complaints
    - Take and address complaints concerning patient privacy rights.
    - Conduct investigations of a privacy complaint.
    - Review documentation of complaints and outcomes.
    - Documentation related to such complaints and investigations shall be maintained for six years.
  6. 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.

7. 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.

## **VI. EXCEPTION**

The HCSD CEO or designee may waive, suspend, change or otherwise deviate from any provision of this policy deemed necessary to meet the needs of the agency as long as it does not violate the intent of this policy; state and/or federal laws; Civil Service Rules and Regulations; LSU Policies/Memoranda; or any other governing body regulations.

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