

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

POLICY NUMBER: 7516-24

CATEGORY: HIPAA Policies

CONTENT: Training and Education Requirements for Members of Workforce on the Health Information Privacy and the HIPAA Privacy Regulations

APPLICABILITY: This policy is applicable to the Health Care Services Division Administration and Lallie Kemp Medical Center to include employees, physician/practitioner practices, vendors, agencies, business associates and affiliates.

EFFECTIVE DATE:

Issued:	April 14, 2003
Reviewed:	December 28, 2007
Revised:	December 28, 2007
Revised:	January 27, 2009
Reviewed:	August 13, 2010
Revised:	July 11, 2012
Revised:	July 23, 2013
Revised:	February 23, 2015
Revised:	February 29, 2016
Reviewed:	August 28, 2017
Reviewed:	August 23, 2019
Reviewed:	January 9, 2020
Reviewed:	January 13, 2023
Reviewed:	February 29, 2024

INQUIRIES TO: Health Care Services Division
Compliance Section
Post Office Box 91308
Baton Rouge, LA 70803

Note: Approval signatures/titles are on the last page

**LSU HEALTH CARE SERVICES DIVISION
TRAINING AND EDUCATION REQUIREMENTS FOR MEMBERS OF LSU HCSD’S
WORKFORCE**

I. POLICY STATEMENT

Health Care Services Division (HCSD) facilities and providers must provide members of its workforce with education and training on the Health Information Privacy and the HIPAA Privacy Regulations.

This policy provides guidance for the education and training of employees and providers affiliated with the HCSD regarding HCSD policies and procedures on Health Information Privacy and the Health Insurance Portability and Accountability Act, Standards for Privacy of Individually Identifiable Health Information (HIPAA Privacy Regulations).

Note: Any reference herein to the HCSD also applies and pertains to Lallie Kemp Medical Center.

II. IMPLEMENTATION

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

III. DEFINITIONS

A. Protected Health Information (sometimes 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. It includes demographic data that relates to 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 identifies 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.

- B. **Workforce** – Employees, volunteers, trainees, and other persons whose conduct, in the performance of work for the facility, is under the direct control of such facility, whether or not they are paid by the facility. This includes full-time, part-time, or PRN staff, regularly scheduled contract workers, volunteers, students, and others defined by the health care facility.

IV. PROCEDURE

- A. Facility will provide education and training regarding the facility’s protected health information privacy policies and procedures to all workforce members, including managers, executives, employed physicians, and employees.
- B. Education and training regarding health information privacy must be:
 - 1. Provided to new members of the workforce within a reasonable time after starting work at the facility.
 - 2. Provided to affected members of the workforce within a reasonable time after material changes in the health information privacy policies and procedures become effective due to:
 - a. Changes in federal or state laws;
 - b. Changes in accreditation standards;
 - c. Changes in the Notice of Privacy Practices; or
 - d. Significant changes in procedures or practices within the facility even if they do not stimulate a change in the Notice of Privacy Practices.
- C. All education and training must be documented and maintained for six years. Types of documentation may include, but are not limited to:
 - 1. Copies of the text of materials used to conduct training;
 - 2. Information about the presenter and other information to establish the qualifications of the presenter to provide the education or training;
 - 3. Education or training session attendance records;
 - 4. Meeting minutes;
 - 5. Samples and details of awareness and education tools such as posters, tent cards, tri-fold table cards and payroll envelope stuffers; and/or
 - 6. Test results that measure the retention and/or mastery of the subject matter, if educational training curricula include testing components.
- D. Facility will designate the methodologies by which the educational requirement will be accomplished, including, but not limited to, classroom sessions, self-directed tools, awareness and periodic reminder programs, on-the-job training procedures, web-based processes, etc.

- E. Components of the educational programs, as applicable to the employee's responsibilities should include, but are not limited to the following:
1. Introduction to HIPAA and the privacy rule;
 2. Explanation of the Privacy Officer's role and responsibilities;
 3. Overview of the facility's privacy policies and procedures, including where the documents are maintained and can be accessed;
 4. Definitions of key terms such as HIPAA, Protected Health Information (PHI), Individually Identifiable Health Information (IIHI), privacy, confidentiality, disclosure, access, use, minimum necessary, etc;
 5. Explanation of all privacy forms including:
 - a. Authorization
 - b. Request to amend PHI
 - c. Request for restriction on use and disclosure of PHI
 - d. How to file a complaint
 - e. Accounting of disclosures of PHI
 - f. Request and copy of PHI
 - g. Notice of Privacy Practices;
 6. Defining patient's rights (as it relates to privacy of PHI), including how to protect patient rights;
 7. Recognizing how the privacy policies and procedures affect the tasks an individual performs – including aspects of physical security of PHI and the minimum necessary standard;
 8. Reinforcing the facility's or clinic's commitment to privacy and protection of patient's health information (both medical and billing records);
 9. An understanding of the possible sanctions resulting from a failure to comply with the HIPAA rule or the facility's privacy policies, procedures and processes;
 10. Who in the facility is available to answer privacy questions within their department and outside their department; and/or
 11. How to recognize a HIPAA breach, and breach notification requirements.
- F. In addition to general overview education and as part of job specific training, Facility will provide health information privacy education based on the role of the workforce members in the organization as necessary and appropriate to carry out their function in the organization.
- G. Facility will establish regular policy review dates to assure training content reflects any material changes to the facility's privacy policies and procedures.

V. RESPONSIBILITIES

- A. Facility's Education Department ensures that Health Information Privacy training and education is incorporated into the initial orientation process for all members of the workforce.
- B. Facility 's Education Department with input from the Privacy Officer, ensures education and training is incorporated into intermittent training classes held whenever there is a change in Health Information Privacy policies and procedures.
- C. Facility's Education Department, with input from the Privacy Officer, ensures information and tools are available to assist departments in presenting protected health information Privacy training.
- D. Facility's Education Department, the Department Manager, and Privacy Officer ensures workforce members receive role-based training as necessary and appropriate to carry out their function in the HCSD Facility.
- E. Facility's Privacy Officer is responsible for providing updates for trainers on any changes or enhancements to the HIPAA privacy rule.
- F. Facility's Privacy Officer and Education Department shall define and document the members of the facility's workforce to be trained in protected health information privacy policies and procedures.
- G. Facility's Education Department and/or Compliance Officer will be responsible for annual education of members of the facility's workforce.

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.

Document Metadata

Document Name: 7516 - 23 Training and Education Requirements for Members of Workforce.doc

Policy Number: 7516

Original Location: /LSU Health/HCSO/7500 - HIPAA

Created on: 01/23/2020

Published on: 03/26/2024

Last Review on: 02/29/2024

Next Review on: 02/28/2025

Effective on: 04/14/2003

Creator: Townsend, Kathy
HCSO Human Resources Director

Committee / Policy Team: Main Policy Team

Owner/SME: Simien, Tammy
Staff Attorney

Manager: Reeves, Rebecca
Compliance and Privacy Officer

Author(s): Wicker, Claire M.
PROJECT COORDINATOR
Reeves, Rebecca
Compliance and Privacy Officer
Simien, Tammy
Staff Attorney

Approver(s): Wilbright, Wayne
Chief Medical Informatics Officer
Reeves, Rebecca
Compliance and Privacy Officer
Simien, Tammy
Staff Attorney

Publisher: Wicker, Claire M.
PROJECT COORDINATOR

Digital Signatures:

Currently Signed

Approver:
Reeves, Rebecca
Compliance and Privacy Officer



03/25/2024

Approver:
Simien, Tammy
Staff Attorney



03/25/2024

Approver:
Wilbright, Wayne
Chief Medical Informatics Officer



03/26/2024