

I. INTRODUCTION

- A.** The University of Denver (University) strives to protect the confidentiality, integrity and availability of protected health information (PHI) by taking reasonable and appropriate steps to address the requirements of the [Health Insurance Portability Privacy Accountability Act of 1996, Pub. L. No. 104-191 \(1996\)](#) (HIPAA).
- B.** HIPAA regulates Covered Entities; which are health plans, health care clearinghouses and health care providers who transmit any H

6. designates the University HIPAA Security Officer.

II. POLICY OVERVIEW

A. The University as a Hybrid Entity

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Hybrid Entity. The HIPAA Steering Committee is responsible for:

1. reviewing the Covered Components on an annual basis, and where appropriate, adding or removing Covered Component designations;
2. designating each of Security Officer; and Officer and HIPAA
3. serving as the governing authority to create, implement, and maintain HIPAA Privacy and Security Standards and Procedures

III. PROCESS OVERVIEW

A. Covered Component Responsibilities

1. All Covered Components are subject to and must comply with applicable HIPAA requirements, including, without limitation, the requirements of the HIPAA Privacy Rule and HIPAA Security Rule.
2. Covered Components may only use and disclose PHI to a University non-health care component to the same extent, and in the same manner, as it is permitted to use or disclose PHI to individuals or entities that are legally separate from the University.
3. Covered Components shall provide compliance reports to the HIPAA Privacy Officer on a periodic basis. Such compliance reports will be facilitated via annual risk assessment conducted by the University.

B. PHI Partner Members Responsibilities

1. PHI Partner Members are responsible for maintaining the confidentiality of safe use and handling of PHI; and
2. completing training on their responsibilities with respect to PHI.

C. HIPAA Privacy Officer Responsibilities

The responsibilities of the University HIPAA Privacy Officer are to:

1. Oversee all HIPAA-related compliance activities, including the

3. Appoint a Privacy Officer designee for each covered department/unit as appropriate;
4. Manage breach notification investigations, determinations, and responses, including breach notifications;
5. Coordinate with the HIPAA Security Officer to de

E. HIPAA Training

1. All individuals, including volunteers and student observers, working in a unit designated as a Covered Component are required to complete training related to the regulatory obligations under the HIPAA Privacy and Security Rules.
2. PHI Partner Members are required to complete training on the safe handling of PHI and Personally Identifiable Information (PII).
3. Each Covered Component and PHI Partner Member will require individuals within their respective unit(s) to complete such training on a periodic basis, but in any event at least every four (4) years.
4. The University will provide faculty and staff training via an online training platform. Students will be provided with training through their individual colleges.

F. Enforcement

1. Any employee, workforce member, student, or agent who violates this Policy shall be subject to appropriate disciplinary action.
2. Any other individual who violates this Policy shall be subject to appropriate corrective action, including, but not limited to, termination of their relationship with the University.

IV. DEFINITIONS

- A. Business Associate** means a person or entity that performs certain functions or activities that involve the use or disclosure of protected health information on behalf of, or provides services to, a Covered Component. A member of the workforce is not a Business Associate.
- B. Covered Component** means an area within a Hybrid Entity that would meet the definition of Covered Entity if that component were a separate legal entity. A health care component may also include any component that conducts covered functions (i.e., noncovered health care provider) or performs activities that would make the component a Business Associate of the entity if it were legally separate.
- C.** is defined in the HIPAA rules as (1) health plans, (2) health care clearinghouses, and (3) health care providers who electronically transmit any Health Information in connection with transactions for which HHS has

adopted standards. Generally, these transactions concern billing and payment for services or insurance coverage. is a health care provider, health plan, or health care clearinghouse that transmits Health Information in electronic form in connection with a Covered Transaction.

D. Covered Transaction means the transmission of information between two parties to carry out financial or administrative activities related to health care (e.g., health claims, payment, coordination of benefits, enrollment or disenrollment, eligibility for a health plan, and other transactions that the Secretary of the Department of Health and Human Services may prescribe by regulation 45 CFR § 160.103).

E. means a form of PHI that is Individually Identifiable Health Information transmitted by electronic media or maintained in electronic media. Electronic Protected Health Information does not include education records or treatment records covered by the Family Educational Rights and Privacy Act (20 U.S.C. 1232g) or employment records held by the University in its role as an employer.

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