TULANE UNIVERSITY PRIVACY TRAINING

STATEMENT OF POLICY

This policy applies to all workforce members of the Tulane University Health Care Component as designated in Policy GC-001 – Designation of Health Care Components and Hybrid Entities. All members of the Tulane University Health Care Component’s workforce are required to complete certain training (the “Training”) on HIPAA Privacy and Security. The Training must be completed by the Applicable Deadline or certain remedial actions will be taken to ensure compliance.

IMPLEMENTATION

I. HIPAA Training Required by Federal Law.

1. HIPAA Privacy Training is required by the HIPAA Privacy Rule (45 C.F.R. § 164.530), which states that “a covered entity must train all members of its workforce on the policies and procedures with respect to protected health information as necessary and appropriate for the members of the workforce to carry out their functions within the covered entity.”

2. HIPAA Security Training is required by the HIPAA Security Rule (45 C.F.R. § 164.308), which states that “a covered entity must implement a security awareness and training program for all members of its workforce (including management).”

II. Determination of Applicable Workforce Members.

1. Tulane University’s Health Care Component, as designated in Policy GC-001 – Designation of Health Care Components and Hybrid Entities, includes Tulane University Medical Group (“TUMG”) its participating physicians and clinicians, and all other Tulane University Workforce members and business units who provide legal, actuarial, accounting, consulting, data aggregation, management, administrative, accreditation, operational support or financial services to or for TUMG.

2. An annual review will be conducted by the University Privacy Office of all Tulane University departments to determine which departments (the “Departments”) are required to be included in the Tulane University Health Care Component. These finding will be reviewed and approved by the Clinical Compliance Operations Committee (the “CCOC”).

3. Within these Departments all Workforce members who create, receive, maintain, transmit, have access to, or may have incidental contact with Protected Health Information will be
required to complete the Training by the Applicable Deadline. “Workforce”, as defined by 45 C.F.R. § 160.103, means all employees, volunteers, trainees, to include students, and other persons whose conduct, in the performance of work for a covered entity, is under the direct control of such covered entity, whether or not they are paid by the covered entity.

4. The Training is mandatory for these Workforce members and will only be waived if the Department requests a waiver from the Training requirements for the entire Department or for an individual or group within such Department.

A. Such a waiver must be approved by the CCOC and can only be approved upon a showing that the Department, individual or group does not create, receive, maintain, transmit, have access to, or may have incidental contact with Protected Health Information.

B. Requests for Waivers may not be sought after the Training has been assigned.

III. Implementation of Training Requirement.

1. The Tulane University Privacy Official, as designated in Policy GC-019 – Privacy Official, is responsible for the development, implementation of, and compliance with privacy training requirements.

2. All Workforce members of the Tulane University Health Care Component are required to complete the Training by the “Applicable Deadline”.

A. The Applicable Deadline for new Workforce members is seven (7) days from the date of hire, appointment or assignment.

B. The Applicable Deadline for existing Workforce members who have previously completed the Training is ninety (90) days from the day the Training is assigned.

C. The Applicable Deadline for Workforce members who have been determined to need additional or remedial training, based on either a privacy incident or material change in the applicable law, shall be a date specific as determined and communicated by the Privacy Official.

3. Only the training modules approved by the Privacy Official shall be deemed to have satisfied the training requirements. No credit shall be given, and the training requirement will not be waived, for the completion of external, academic or ancillary training or for the partial completion of the Training.
4. Documentation must be kept for at least ten years on all Workforce members who have completed the Training.

IV. Penalties and Procedures for Failing to Complete the Training.

1. In order to obtain timely compliance with the Training, the following fines for non-compliance will be levied:

   A. With respect to each new Workforce member, the hiring Department will be fined $300 for each item of the Training that is not completed within the Applicable Deadline and will be fined an additional $300 for each successive thirty (30)-day period that the item remains delinquent.

   B. With respect to each existing Workforce member, the applicable Department will be fined $300 for each item of the Training that is not completed within the Applicable Deadline and will be fined an additional $300 for each successive thirty (30)-day period that the item remains delinquent. Fines will be assessed for the untimely completion of the Training once the CCOC determines whether Substantial Compliance with this policy and any obligations imposed by law have been met. Factors to be considered in determining Substantial Compliance include:

   a. Any other training the Workforce member(s) completed by virtue of their affiliation with other Covered Entities;
   b. The low probability that the Workforce member(s) will have any contact with Protected Health Information;
   c. The total ratio of Workforce members who have completed the Training in relation to the total number of Workforce members in Tulane’s Health Care Component; and
   d. Any other extenuating circumstance that make it unduly burdensome for a particular Workforce member to complete the Training.

   C. All Departmental leadership and/or management are responsible and will be held accountable for the timely completion of the Training by its Workforce members.
2. In order to ensure a fair and equitable assessment of such fines, the following procedures will be followed:

   A. A Notice of Proposed Fine, pre-approved by the CCOC, will be sent by electronic mail to the Department’s compliance liaison with copies to the department administrator, chairman and affected Workforce members for each of its Workforce members who have failed to complete the Training by the Applicable Deadline.

   B. The Department may submit a written appeal of the Notice of Proposed Fine to the CCOC within fifteen (15) calendar days of receipt of the Notice of Proposed Fine. Such an appeal will be reviewed and considered by the CCOC for extenuating circumstances at its next convened monthly meeting and a written response will be issued. The time period governing the assessment of additional fines shall be suspended during this appeal period and resume when a written response is issued by the CCOC.

   C. Fines will be collected by means of an internal transfer from the Department’s account to the CCOC’s Training Fund.