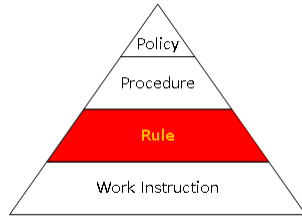


Rule: Compliance - HIPAA Agency Compliance

Note: Only the online version is current.



Basic Guideline: The Agency will protect patient privacy rights and security rights as directed under the Health Insurance Portability and Accountability Act of 1996 (“HIPAA”), as amended. This Rule addresses administrative requirements that the Agency must adhere to. The HIPAA Privacy Rule applies to all forms of Protected Health Information (PHI) whether written, oral or electronic. The HIPAA Security Rule covers only protected health information that is in electronic form.

Approval and Responsibilities: This Rule is maintained by the compliance department and is approved by the HIPAA Privacy Officer and the HIPAA Security Officer.

Scope: CFI and Affiliates.

Definitions: N/A

Rules:

1. **Personnel Designations.** The Agency has designated a Privacy Officer and a Security Officer. These persons are responsible for the development and implementation of policies and procedures in regard to HIPAA. The Privacy and Security Officers will oversee all aspects of HIPAA compliance and will handle all complaints and/or questions pursuant to the regulations.
2. **HIPAA Training.** All employees, interns, volunteers and members of the Board of Directors will receive HIPAA training materials. Periodic updates and training on HIPAA will be provided at agency meetings, management meetings, or at the discretion of the Privacy/Security Officers. Every Agency workforce member is responsible for being aware of, and complying with, HIPAA and all corresponding Agency policies and procedures.
3. **Safeguards.** Administrative, technical, and physical safeguards will be implemented to protect client health information from any intentional or unintentional uses or disclosures that are in violation of the Privacy and Security Rules. The Agency will take steps to guard against any reasonably anticipated threats or hazards in regard to client PHI.
4. **Privacy or Security Complaints.** The Privacy and Security Officers will ensure that a process is available for individuals to file complaints regarding the Agency’s HIPPA policies, procedures and the Agency’s handling of protected health information. All complaints will be documented and made available for state and federal inspectors.
5. **Sanctions.** Refer to *Rule: HIPAA Employee Sanctions*.
6. **Mitigation.** Any harmful effect from violations of the HIPAA regulations or Agency policies and procedures will be appropriately mitigated.

7. Refraining From Intimidating or Retaliatory Acts. The Agency will not intimidate, threaten, coerce, discriminate against, or take other retaliatory action against individuals or others who:
 - a. File a HIPAA privacy or security complaint with the HHS Secretary.
 - b. Testify, assist, or participate in an investigation, compliance review proceeding, or hearing under Part C of Title XI.
 - c. Oppose any agency practice he or she believes is unlawful under HIPAA, provided that the act of opposition is reasonable and does not involve the disclosure of Protected Health Information (PHI) in violation of HIPAA.
8. Waiver of Rights. Individuals are not required to waive their rights, as a condition of the provision of treatment, payment, enrollment in a health plan, or eligibility for benefits.
9. Policies and Procedures. Policies, procedures, and rules will be developed and implemented with respect to protected health information that are designed to comply with the HIPAA Privacy and Security rules and will be changed or updated as necessary to maintain compliance with HIPAA and other applicable laws.
10. Documentation Policies, procedures and rules will be maintained in electronic form. Policies and Notices of Privacy Practices will be retained for a minimum of six (6) years.

References:

- Policy 1 Governance
- Procedure 106 Compliance
- The Health Insurance Portability and Accountability Act of 1996 (HIPAA) Privacy and Security Rules
- 45 C.F.R. §§160.316, 164.308, 164.530