



## ***HIPAA Privacy Official and Complaint Contact Policy***

<b>Policy #:</b>	HP008.1
<b>Policy Type:</b>	University
<b>Responsible Executive:</b>	VP Academic Affairs
<b>Responsible Office:</b>	Academic Affairs
<b>Originally Issued:</b>	November 8, 2023
<b>Latest Revision:</b>	November 8, 2023
<b>Effective Date:</b>	November 8, 2023

### **I. Policy Statement**

The University of Louisiana at Monroe’s HIPAA Privacy Official and Complaint Contact Policy states that ULM must designate a HIPAA Privacy Official who will oversee and implement the privacy policies and procedures while ensuring ULM is in compliance with the HIPAA regulations.

### **II. Purpose of Policy**

To establish the requirements and guidelines for ULM to designate a Privacy Official to oversee and implement ULM’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. Applicability**

This policy is applicable to all faculty and staff.

### **IV. Definitions**

Privacy Officer- individual designated by ULM as the Privacy Official.

Protected Health Information (“PHI”) - for purposed of this policy means Individually Identifiable Health Information that relates to the past, present or future health care services provided to an individual. Examples of PHI include medical and billing records of a patient.

### **V. Policy Procedure**

1.0 General. ULM shall designate an appropriate individual to serve as the ULM Privacy Official

2.0 Responsibilities. The Privacy Official’s responsibilities shall include, but are not limited to:

- Privacy Policies and Procedures:
  - 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 implementation of facility-specific policies and procedures related to patient privacy.
- Training:
  - Overseeing initial and ongoing training for all members of the facility workforce on the policies and procedures relate to PHI 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; and
  - Documenting that training has been provided.
- Advisory:
    - Advising members of the workforce of privacy matters.
  - Complaints: Serves as the individual to:
    - Receive complaints concerning patient rights,
    - Investigate any complaints, and
    - Document complaints received and their disposition.
  - Sanctions:
    - Ensure violations of privacy policies and procedures are addressed as appropriate
    - Document sanctions that are applied.
  - Mitigation:
    - To the extent practical, mitigate any harmful effect that is known to ULM from the use or disclosure of PHI in violation of policies and procedures

## VI. Enforcement

The Vice President of Academic Affairs will be responsible for enforcement of this policy.

## VII. Policy Management

The Vice President of Academic Affairs will be responsible for enforcement of this policy.

## VIII. Exclusions

None

## IX. Effective Date

This policy will be effective upon signature by the University President.

## X. Adoption

This policy is hereby adopted on this 8<sup>th</sup> day of November 2023.

Recommended for Approval by:

Approved by:

  
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 Dr. Mark Arant, VP for Academic Affairs

  
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 Dr. Ronald L. Berry, President

## XI. Appendices, References and Related Materials

45 C.F.R. § 164.530

## **XII. Revision History**

Original Adoption Date: November 8, 2023