Policy Summary

The University of Wisconsin-Madison is committed to maintaining the privacy, confidentiality and security of patients’ and research subjects’ protected health information ("PHI," defined below) in accordance with HIPAA. To that end, UW-Madison requires that all “covered” employees, agents, and students, as described in this document, complete HIPAA training once before accessing PHI and thereafter when UW-Madison requires training on approximately an annual basis. This policy also describes when covered external research personnel must take UW-Madison’s HIPAA training.

This policy describes the HIPAA Privacy and Security Rule training requirements at UW-Madison.

Who This Policy Applies To

Applies to all members of the UW-Madison Health Care Component.

Rationale

In enacting HIPAA, Congress mandated the establishment of Federal standards for the privacy of individually identifiable health information. Under the patchwork of laws existing prior to adoption of HIPAA and the Privacy Rule, personal health information could be distributed—without either notice or authorization—for reasons that had nothing to do with a patient’s medical treatment or health care reimbursement. For example, unless otherwise forbidden by State or local law, without the Privacy Rule patient information held by a health plan could, without the patient’s permission, be passed on to a lender who could then deny the patient’s application for a home mortgage or a credit card, or to an employer who could use it in personnel decisions. The Privacy Rule establishes a Federal floor of safeguards to protect the confidentiality of medical information. State laws which provide stronger privacy protections apply over and above the new Federal privacy standards.

Policy Detail

1. HIPAA Privacy and Security Training of Covered Employees and Agents and Covered Students
1. HIPAA Training is required prior to provisioning access to PHI for Covered Employees and Agents and Covered Students. This training is required by federal HIPAA regulations. Covered Employees and Agents and Covered Students who do not need access to PHI are still required to complete training on an approximately-annual basis as required by UW-Madison, despite their lack of need to access PHI. The training completed must be the most current version of the training, and it must be completed by the deadline established when it is made available.

1.2 Retraining shall occur annually. Retraining may occur more frequently if material changes are made to HIPAA regulations and UW-Madison’s HIPAA Privacy or HIPAA Security Officer determines retraining is necessary to ensure compliance with HIPAA regulations.

Retraining may also be required by leadership of an individual UW HCC unit. Such retraining may be required, for example, as a corrective action in the event of HIPAA breaches or to address performance concerns and/or HIPAA policy violations.

1.3 HIPAA training must be provided in a format that is accessible to persons with disabilities and those who are not fluent in English.

1.4 Records of successful completion of training (and retraining) must be retained by UW-Madison as specified below.

1.5 Web-based will be provided by UW-Madison as the primary form of training when and to the extent possible.

1.6 Additional, specific training for any unit or department within the UW HCC may be developed if the unit determines a need for such training exists; if so, such training will be the responsibility of the HCC unit’s Privacy and/or Security Coordinator(s). Further, retention of records of such training will also be the responsibility of the HCC Unit’s Privacy and/or Security Coordinator(s). Any such training must be developed in consultation with the UW-Madison HIPAA Privacy and Security Officers.

1.7 With respect to students participating in a clinical health professional training program within the UW HCC, the UW HCC unit Privacy and Security Coordinators must ensure completion of UW-Madison HIPAA training even if the student’s academic department includes education regarding HIPAA in its academic curriculum.

2. HIPAA Privacy and Security Training for Students Participating in a Clinical Health Professional Training Program at a non-UW-Madison Health Care Facility

The training of students who have access to PHI at health care facilities outside UW-Madison as part of their academic program is the responsibility of each health care facility unless there is a contractual agreement between a facility and UW-Madison requiring otherwise.

3. HIPAA Privacy and Security Training for Covered External Research Personnel

Covered External Research Personnel are required to take UW-Madison’s HIPAA training if they have not already completed HIPAA training as required by their institution or employer and either 3.1 or 3.2, below, applies.

3.1 Are a Covered Entity (i.e., a covered health care provider) who creates or obtains PHI through intervention or interaction with research subjects; or
3.2 Access PHI of research subjects from a covered entity (including from covered individuals and from covered sources that maintain PHI such as health records, databases, registries, etc.).

4. PHI Access for Covered Employees and Agents and Covered Students

4.1 Covered Employees and Agents and Covered Students cannot have access to PHI unless they have successfully completed UW-Madison HIPAA training. Upon successful completion of training, access to PHI may be granted (and must be changed or terminated, as appropriate) in accordance with UW-Madison HIPAA Policy 8.9, regarding “System Access.”

4.2 Access to PHI shall be terminated for any individual Covered Employee or Agent or Covered Student who fails to complete UW-Madison HIPAA Privacy and Security Training by the deadline established when the training is made available.

4.3 Each UW HCC unit’s Privacy and/or Security Coordinator(s) is responsible for ensuring termination of access as provided above in Subsections 4.1 and 4.2.

5. Compliance

Because UW-Madison is required to ensure compliance with HIPAA regulations, periodic audits will be conducted to ensure completion of training and termination of access for failures to complete training in accordance with this policy.

6. Academic Curriculum Content

While this policy requires training Covered Students who will have access to PHI in their facility, it is not the intent of this policy to mandate the inclusion of HIPAA requirements in the curriculum of academic departments. That is solely an academic decision.

Consequences for Non-Compliance

Failing to comply with this policy may result in discipline for the individual(s) responsible for such non-compliance.

Further, the US Department Health and Human Services (HHS) Office for Civil Rights (OCR) is responsible for enforcing the HIPAA Privacy and Security Rules, and an individual’s non-compliance may result in institutional non-compliance and/or an investigation by OCR. OCR attempts to resolve investigations by obtaining voluntary compliance and entering into Corrective Action Plans and Resolution Agreements. Failures to comply with HIPAA or cooperate with OCR in an investigation may result in civil and/or criminal penalties.

Supporting Tools

Additional information may be found at www.compliance.wisc.edu/hipaa

Definitions

1. Covered Employees and Agents: Covered Employees and Agents: UW-Madison Employees/Appointees (of all classifications, paid or unpaid) and volunteers employed in or assigned to a defined unit of the UW-Madison Health Care Component, as well as employees/appointees throughout the entire School of Medicine and Public Health, the entire School of Pharmacy, and the entire Waisman Center facility located at 1500 Highland Avenue, Madison, Wisconsin.
For purposes of this policy, the term “employee” as described above includes students in their roles as employees (e.g., student hourly, student assistant). For example, a student who is employed as a student hourly to answer phones in a clinical department of the School of Medicine and Public Health would be considered an employee for purposes of this policy.

2. **Covered Entity**: A health plan, health care clearinghouse, or health care provider that transmits any health information in electronic form in connection with a transaction covered by HIPAA.

3. **Covered External Research Personnel**: Non-UW-Madison-employees who participate in UW-Madison research under a protocol in which a UW-Madison researcher in the Health Care Component serves as the Principal Investigator or Co-Investigator.

4. **Covered Students**: Students who have access to PHI in their role as participants in a clinical health professional training program within a unit of the UW-Madison Health Care Component, or students in other non-clinical training programs which involve observation of patient or research subject interactions or interactions with PHI in connection with their course-work. For example, Nursing students who are assigned to a clinical experience in University Health Services as part of their educational program, or Industrial Systems Engineering students observing patient interactions at University Hospital or the Waismann Center as part of their educational programs are considered covered students for purposes of this policy.

5. **Protected Health Information** (“PHI”): Health information, or healthcare payment information, including demographic information, which identifies the individual or can be used to identify the individual. PHI does not include student records held by educational institutions or employment records held by employers.

6. **UW-Madison Health Care Component** (“UW HCC”): Those units of the University of Wisconsin-Madison that have been designated by the University as part of its health care component under HIPAA. See HIPAA Policy 1.1 “Designation of UW-Madison Health Care Component” for a listing of these units.

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**Responsibilities**

- HIPAA Privacy Officer
- HIPAA Security Officer

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**Link to Current Policy**

[TBD]

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**Link to Related Policies**

[https://compliance.wisc.edu/policies-and-forms/](https://compliance.wisc.edu/policies-and-forms/)

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**Link to Policy History**

N/A
Review / Approval

- HIPAA Executive Board, July 14, 2020
- HIPAA Privacy and Security Operations Committee, June 11, 2020
- Ad-Hoc Collaborative Workgroup involving the Office of Legal Affairs Health Law attorneys, Office of Compliance HIPAA Privacy Officer, Office of Research Compliance, HS IRB, and SMPH HIPAA Privacy Coordinator, May 20, 2020