UW-Madison Administrative Policy
Policy # HIPAA 9.1

HIPAA Privacy and Security Training

Effective Date: March 15, 2004
Last Updated: July 14, 2020
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Next Review:

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<th>Functional Owner</th>
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<td>Executive Sponsor</td>
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Policy Summary

UW-Madison requires that all “covered” individuals, as described in this document, are trained regarding their obligations under HIPAA once before accessing protected health information and at least on an annual basis thereafter.

This document 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, Agents and Students

   1.1 Training shall be provided prior to giving the employee, agent or student access to PHI. This training is required by federal HIPAA regulations.
1.2 Retraining shall occur at least annually, or sooner whenever there are material changes in HIPAA regulations or whenever the campus or individual units determine it is necessary to ensure compliance with HIPAA regulations.

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 A record of each covered person’s successful completion of training (and retraining) must be retained as specified below in section IV. Each UW HCC unit Privacy and Security Coordinator shall submit quarterly to the UW-Madison Privacy and Security Officers a report of training compliance. The Privacy and Security Coordinators for the School of Medicine and Public Health and School of Pharmacy shall submit reports for the entire School.

1.5 Web-based training for clinical and research settings will be provided by UW-Madison. Specific training for each clinical setting within the UW HCC is the responsibility of the HCC unit’s Privacy and/or Security Coordinator(s) appointed by the dean or division director.

1.6 Any additional training as described in III.A.5. above that is developed by the UW HCC unit must be developed in consultation with the UW-Madison Privacy and Security Officers to ensure UW-Madison’s compliance with the law.

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 HIPAA training even if the student’s academic department includes education regarding HIPAA in its academic curriculum.

2. HIPAA Privacy 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 the health care facility unless there is a contractual agreement between the facility and UW-Madison requiring otherwise. Information is available for this purpose at the hipaa.wisc.edu website within the “Training” tab.

3. PHI Access for Covered Employees, Agents and Students

3.1 Employees, agents and students cannot have access to PHI unless they have successfully completed HIPAA training.

3.2 Access to PHI shall be terminated whenever the employee’s, agent’s or student’s responsibilities no longer require such access e.g., termination of employment, reassignment of duties or graduation.

3.3 Each UW HCC unit’s Privacy and/or Security Coordinator(s) is responsible for implementing the access policy.

4. Compliance

Because UW-Madison is required to ensure compliance with HIPAA regulations, periodic audits will be conducted.

5. Curriculum Content
While this policy requires the UW HCC units to train students with access to PHI in their facility, it is not the intent of this policy to dictate 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 means employees, employees-in-training, and volunteers employed in or assigned to a unit within the UW-Madison Health Care Component, as well as the entire School of Medicine and Public Health and the entire School of Pharmacy regardless of whether they are within the UW-Madison Health Care Component.

   For purposes of this policy, the term “employee” as described above includes students in their role 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 would be considered an employee for purposes of this policy.

2. **Covered Students**: Covered students means 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. For example, nursing students who are assigned to a clinical experience in University Health Services as part of their educational program would be considered covered students for purposes of this policy.

3. **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.

4. **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.
Responsibilities

HIPAA Privacy Officer
HIPAA Security Officer

Link to Current Policy

[TBD]

Link to Related Policies

https://compliance.wisc.edu/policies-and-forms/

Link to Policy History

N/A

Review / Approval

- HIPAA Executive Board, July 14, 2020