

DEPARTMENT OF MENTAL HEALTH AND DEVELOPMENTAL DISABILITIES

POLICIES AND PROCEDURES

Subject:
TRAINING THE WORKFORCE ON THE PRIVACY AND SECURITY OF PROTECTED HEALTH INFORMATION (PHI)

Effective Date:
7/10/04

Policy Number:
HIPAA 04-9

Review Date:
11/3/10
Revision Date:
12/9/10

Entity responsible:
Office of
Legal Counsel

1. Purpose:

This policy provides guidance on training the Department of Mental Health and Developmental Disabilities (DMHDD) workforce on laws, regulations, policies and procedures governing the privacy and security, as well as use and disclosure, of protected health information (PHI) under the Health Insurance Portability and Accountability Act of 1996 (HIPAA), the Federal regulations governing the Confidentiality of Alcohol and Drug Abuse Patient Records, Title 33 of the Tennessee Code Annotated, and other relevant Federal and State laws.

2. Definitions:

2.1 Protected Health Information (PHI): Individually identifiable health information [IIHI] which is information that is a subset of health information, including demographic information collected from an individual, and created or received by a health care provider, health plan, employer, or health care clearinghouse; and relates to the past, present or future physical or mental health or condition of an individual; the provision of health care to an individual; or the past, present, or future payment for the provision of health care to an individual; and that identifies the individual or there is a reasonable basis to believe the information can be used to identify the individual; and that is transmitted or maintained in electronic media, or any other form or medium. Specifically excluded from this definition is IIHI contained in education records covered by the Family Educational Rights and Privacy Act (FERPA; 20 USC §1232g) and IIHI contained in employment records held by a covered entity in its role as employer.

2.2 Workforce: Employees, volunteers, trainees, and other persons (i.e., contract employees from a staffing agency or other entity) whose conduct, in the performance of work for a covered entity, is under the direct control of such entity, whether or not they are paid by the covered entity.

3. Policy:

The DMHDD must train all members of its workforce as defined in Subsection 2.2 of this Policy, on HIPAA and Rule 2 (Alcohol and Drug Abuse Patient Records) privacy and security regulations, confidentiality provisions of Title 33, and other titles as appropriate, of the Tennessee Code Annotated, and all departmental policies and procedures with respect to the privacy and security, as well as the use and disclosure, of PHI as necessary and appropriate to carry out their duties.

4. Procedure/Responsibility:

4.1 Training and awareness of policies and procedures. The Central Office Privacy Compliance Officer/designee must ensure that the Central Office workforce as defined in Subsection 2.2 of this Policy, and each RMHI Privacy Officer/designee must ensure that the RMHI workforce as defined in Subsection 2.2 of this Policy, is trained on HIPAA and Rule 2 (Alcohol and Drug Abuse Patient Records) privacy and security regulations, confidentiality provisions of Title 33, and other titles as appropriate, of the Tennessee Code Annotated, and made aware of DMHDD privacy and security policies and procedures. The DMHDD privacy policies are available on both the DMHDD website and intranet and the DMHDD security policies are available on the DMHDD intranet.

4.2 Provision and documentation of training. Training is to be provided and documented as follows:

4.2.1 Each member of the DMHDD/RMHI workforce as defined in Subsection 2.2 of this Policy, is to be trained no later than the compliance date of April 14, 2003;

4.2.2 Each new member of the DMHDD/RMHI workforce as defined in Subsection 2.2 of this Policy, is to be trained within a reasonable period of time after the person joins the DMHDD's/RMHI's workforce; and

4.2.3 If there is a material change in the regulations, policies, or procedures, members of the DMHDD's/RMHI's workforce as defined in Subsection 2.2 of this Policy, whose functions are affected by such change shall be trained on the new regulation, policy, or procedure within a reasonable period of time after the change becomes effective.

4.2.4 The DMHDD/RMHI must document that the training has been provided and such documentation must be retained for six (6) years from date of creation or the date when it last was in effect, whichever is later.

4.3 Approval and posting of policies. The Central Office Privacy Compliance Officer/designee must advise the Central Office workforce as defined in

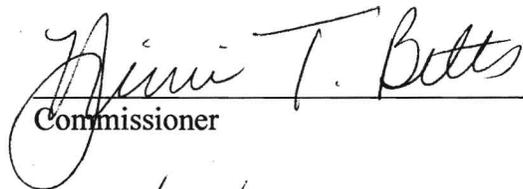
Subsection 2.2 of this Policy, and each RMHI Privacy Officer/designee must advise the RMHI workforce as defined in Subsection 2.2 of this Policy, via a Department-wide e-mail, when revised privacy and security policies have been approved by the DMHDD Commissioner and posted either on the DMHDD website, on the DMHDD intranet, or both.

5. Other Considerations:

Authority:

Health Information Portability and Accountability Act of 1996; HIPAA Regulations 45 CFR §160.103 and 45 CFR §164.530; Confidentiality of Alcohol and Drug Abuse Patient Records as regulated in 42 CFR Part 2; and Tenn. Code Ann., §33-1-303.

Approved:



Commissioner

12/10/10

Date