

HARRIS HEALTH SYSTEM

POLICY AND REGULATIONS MANUAL

Policy No: 3.11.501
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Effective Date: 04/14/2003
Board Motion No: N/A
Last Review Date: 11/10/2020
Due For Review: 11/10/2023

TITLE: PRIVACY AND SECURITY EDUCATION

PURPOSE: To delineate Harris Health System's responsibilities for educating and training its workforce members on federal and state privacy and security laws and Harris Health System's privacy and security policies and procedures.

POLICY STATEMENT:

Harris Health System (Harris Health) will ensure that its workforce members receive general education and specialized training, as indicated, regarding federal and state privacy and security laws and Harris Health's privacy and security policies and procedures. Each workforce member will participate in training as required by his or her job classification or role.

POLICY ELABORATIONS:

I. DEFINITIONS:

- A. **CHIEF CYBER AND INFORMATION SECURITY OFFICER (CCISO):** An individual responsible for the management and supervision of the use of security measures to protect data and the conduct of Harris Health Workforce members in relation to the protection of data as further defined in Harris Health System Policy and Procedure 3.11.801 Security Roles and Responsibilities.
- B. **COVERED ENTITY (CE):** A health plan, a health care clearinghouse or a healthcare provider (Harris Health) that electronically transmits health information covered by the Health Insurance Portability and Accountability Act (HIPAA) regulations. Harris Health is a Covered Entity.
- C. **INDIVIDUALLY IDENTIFIABLE HEALTH INFORMATION (IIHI):** Information, including demographic information, that:
1. Is created or received by a health care provider, health plan, employer, or health care clearinghouse; and
 2. 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

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- a. Identifies the individual; or
 - b. There is a reasonable basis to believe the information can be used to identify the individual.
- D. **PRIVACY OFFICER:** An individual designated by Harris Health's Board of Trustees who is responsible for the development and implementation of privacy-related functions of Harris Health as further defined in Harris Health System Policy and Procedures 3.11.101 Privacy Officer Roles and Responsibilities.
- E. **PROTECTED HEALTH INFORMATION (PHI):** PHI that is created, received, transmitted, or maintained by Harris Health in any form or medium that relates to the patient's healthcare condition, provision of healthcare, or payment for the provision of healthcare, as further defined in the HIPAA regulations. PHI includes, but is not limited to, the following identifiers:
1. Name;
 2. All geographic subdivisions smaller than a State, including street address, city, county, precinct, zip code, and their equivalent geocodes, except for the initial three digits of a zip code, if according to the current publicly available data from the Bureau of the Census:
 - a. The geographic unit formed by combining all zip codes with the same three (3) initial digits contains more than twenty thousand (20,000) people; and
 - b. The initial three (3) digits of a zip code for all such geographic units containing twenty thousand (20,000) or fewer people is changed to 000.
 3. All elements of dates (except year) for dates directly related to an individual, including birth date, admission date, date of death; and all ages over eighty-nine (89) and all elements of dates (including year) indicative of such age, except that such ages and elements may be aggregated into a single category of age ninety (90) or older;
 4. Telephone numbers;
 5. Fax numbers;
 6. Electronic mail addresses;
 7. Social Security numbers;

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8. Medical record numbers;
9. Health plan beneficiary numbers;
10. Account numbers;
11. Certificate/license numbers;
12. Vehicle identifiers and serial numbers, including license plate numbers;
13. Device identifiers and serial numbers;
14. Web Universal Resource Locators (URLs);
15. Internet Protocol (IP) address numbers;
16. Biometric identifiers, including finger and voice prints;
17. Full face photographic images and any comparable images; and
18. Any other unique identifying number, characteristic, or code, except permitted for re-identification purposes.

- A. **WORKFORCE:** Harris Health System Board of Trustees, employees, Medical Staff, trainees, contractors, volunteers, and vendors. Employees (permanent or temporary) include volunteers, trainees and other persons whose conduct, in the performance of work for Harris Health, is under the direct control of Harris Health, whether or not they are paid by Harris Health.¹

II. GENERAL PRIVACY AND SECURITY TRAINING PROGRAM:

- A. On an annual basis, the Harris Health Learning and Resource Center (LRC) will conduct general privacy and security training programs for all Harris Health Workforce members.
- B. The LRC will conduct general privacy and security training programs for all new Workforce members during general orientation.²
- C. The general privacy and security training will include all required topics to comply with federal and state privacy laws.

¹Medical Staff members are not part of Harris Health's workforce as the term "Workforce" is defined under HIPAA, and Harris Health does not directly control members of the Medical Staff. However, Harris Health expects all members of the Medical Staff to follow and abide by Harris Health's policies and procedures.

² 45 CFR § 164.530(b)(2)(B).

III. SPECIALIZED PRIVACY TRAINING PROGRAMS:

- A. The Privacy Officer, or his or her designee, and the CISO, or his or her designee, will coordinate specialized privacy training for Harris Health Workforce members who have regular access to PHI and whose job responsibilities include activities that require regular access to PHI to ensure Harris Health complies with its privacy and security policies and procedures.
- B. Harris Health Workforce members to receive specialized privacy and security training include:
1. Patient care providers (e.g., physicians, nurses, respiratory therapist, social workers, physical therapy (PT)/operating room technician (OT), technicians, ancillary staff, etc.);
 2. Admission and registration department staff;
 3. Nursing administration;
 4. Health Information Management department staff;
 5. Individuals involved in marketing and fundraising activities;
 6. Administrative staff; and
 7. Other designated individuals.

IV. UPDATING PRIVACY AND SECURITY TRAINING CONTENT:

- A. The LRC, the Privacy Officer, or his or her designee, and the CISO, or his or her designee, will ensure that the content of the privacy and security training programs is updated, as appropriate, to reflect any material changes in Harris Health's privacy and security policies and procedures.
- B. Privacy and security training programs will be conducted as appropriate for Harris Health Workforce members whose functions are affected by a material change in the privacy and security policies and procedures within a reasonable time after such change becomes effective.³

³ 45 CFR § 164.530(b)(2)(i)(C).

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V. DOCUMENTATION OF PRIVACY AND SECURITY TRAINING⁴:

- A. The LRC will document the privacy and security training programs conducted for Harris Health Workforce members.
- B. Harris Health will retain documentation of all Workforce members' privacy and security training, including both general and specialized privacy and security training, for six (6) years from the date of training or from the date the documentation was created. Such documentation, includes, but is not limited to, the following:
 - 1. Privacy and security training session attendance lists; and
 - 2. All written material used for privacy and security training.

VI. RESPONSIBILITIES FOR PRIVACY TRAINING:

- A. The Privacy Officer and CISO will ensure that Harris Health conducts general and specialized privacy and security training programs for Harris Health Workforce members as required under this policy.
- B. The LRC will conduct general privacy and security training programs.
- C. The Privacy Officer, or his or her designee, and the CISO, or his or her designee, will coordinate specialized privacy and security training.
- D. Department directors will assist the Privacy Officer and CISO to ensure that all Harris Health Workforce members attend general privacy and security training programs and that designated Workforce members attend specialized privacy and security training programs related to their particular roles in implementing Harris Health's privacy and security policies, procedures, and guidelines.
- E. The LRC will ensure that general privacy and security training programs are incorporated into new employee orientation.

⁴ 45 CFR §§ 164.530(b)(2)(ii); §§ 164.530(j)(2).

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REFERENCES/BIBLIOGRAPHY:

45 CFR § 164.530

Harris Health System Policy and Procedures 3.11.101 Privacy Officer Roles and Responsibilities

Harris Health System Policy and Procedures 3.11.801 Security Roles and Responsibilities

OFFICE OF PRIMARY RESPONSIBILITY:

Harris Health System Corporate Compliance

REVIEW/REVISION HISTORY:

Effective Date	Version # (If Applicable)	Review/ Revision Date (Indicate Reviewed or Revised)	Approved by:
04/14/2003	1.0	Approved 04/14/2003	Policy Review Committee
	2.0	Revised and Approved 09/14/2010	Operations Policy Committee
	3.0	Revised/Approved 10/26/2017	Structure and Organizational Standards Committee
		Revised Approved 11/10/2020	Structure and Organizational Standards Committee