

## PRIVACY 30.0

## HIPAA PRIVACY TRAINING POLICY

**Scope:** All **workforce** members (employees and non-employees), including employed medical staff, management, and others who have direct or indirect **access** to patient **protected health information (PHI)** created, held or maintained by any subsidiaries of Universal Health Services, Inc., including facilities and UHS of Delaware Inc. (collectively, “UHS”), including UHS **covered entities** (“Facilities”).

**Purpose:** This policy describes the **HIPAA privacy** training requirements for all Facility **workforce** members.

### **Definitions:**

Terms not defined in this Policy or the *HIPAA Terms and Definitions* maintained by the UHS Compliance Office will have the meaning as defined in any related State or Federal privacy law including the Health Insurance Portability and Accountability Act of 1996, Public Law 104-191 (“HIPAA”) and regulations promulgated thereunder by the U.S. Department of Health and Human Services (“HHS”) at 45 CFR Part 160 and 164, Subparts A and E (“Privacy Regulations” or “Privacy Rule”) and Subparts A and C (“Security Regulations” or “Security Rule”), the Health Information Technology for Economic and Clinical Health Act (“HITECH”) privacy and security provisions of the American Recovery and Reinvestment Act (Stimulus Act) for Long Term Care, Public Law 111-5, the American Recovery and Reinvestment Act of 2009 (“ARRA”), Title XIII and related regulations.

### **Policy:**

Facility **workforce** members are required to receive **HIPAA** training to help assure compliance with Facility **HIPAA** policies and procedures, as necessary and appropriate for them to carry out their functions. Initial and recurrent training will be provided to Facility employees for whom training is necessary and appropriate for them to carry out their functions. Initial training will be provided within 30 days after the person joins the **workforce**.

### **Procedure:**

**Workforce** members will be trained on the Facility’s HIPAA policies and procedures with respect to **PHI**, as necessary and appropriate for them to carry out their functions within the Facility. Initial training will be provided within a reasonable time after the person joins the **workforce**.

The Facility **workforce** initial training will include:

- A summary of the information contained in the Facility’s HIPAA policies and procedures;
- An overview of the applicable requirements of the [HIPAA Privacy Rule](#);
- An explanation of PHI and “[minimum necessary standard](#)” and how it applies to members of the [workforce](#);
- An overview of permitted and required [uses](#) and [disclosures](#);
- Summary of the process for reporting and handling unauthorized [disclosures](#); and
- A description of the patient’s right to [privacy](#) and other patient rights under the [HIPAA Privacy Rule](#).

Recurrent training will be provided to workforce members, including additional training for affected individuals if the Facility’s HIPAA privacy policies undergo a material change. The content of the recurring training will be determined by the Privacy Officer in consultation with the UHS Privacy Officer. Additional training required due to a material change in the policies will, at a minimum, focus on the policy changes. The required additional training will be provided within a reasonable time after the material policy change becomes effective.

The Facility’s Privacy Officer will oversee the training and maintain documentation of satisfactory completion of training completed by the [workforce](#) members, either in writing or electronically, for six (6) years.

**References:**

45 C.F.R. § 164.530(b)

**Related UHS Policies:**

UHS Privacy 1.0 *Facility Privacy Officer*

<b>Revision Dates:</b>	<b>10-12-2017; 11-16-2015; 07-22-2013</b>
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	<b>UHS Compliance Committee</b>