

PRIVACY 1.0

FACILITY PRIVACY OFFICER

Scope: All subsidiaries of Universal Health Services, Inc., including facilities and UHS of Delaware Inc. (collectively, “UHS”), including UHS [covered entities](#) (“Facilities”).

Purpose: Requires that Facilities designate a Privacy Officer responsible for developing, implementing and maintaining the Facility’s [privacy](#) policies and procedures regarding the [use](#) and [disclosure](#) of [protected health information \(PHI\)](#) and for compliance with the [HIPAA Privacy Rule](#). Provides a description and overview of the Facility Privacy Officer’s role and responsibilities.

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:

Each Facility will designate a Facility Privacy Officer (“Privacy Officer”). The Privacy Officer will be responsible for the development and implementation of the [privacy](#) policies and procedures of the Facility and will oversee the compliance with the [Privacy Rule](#), including the implementation and oversight of the HIPAA [privacy](#) program at their Facility. The Privacy Officer will be considered a member of management of the Facility and the Facility Compliance Committee will report regarding HIPAA compliance program-related matters to the Committee, or Chief Executive Officer of the Facility and the UHS Corporate Privacy Officer. The Privacy Officer will report on HIPAA Compliance Program-related matters to the Board of Governors of the Facility or its equivalent at least on an annual basis, or more frequently as needed.

Duties and Responsibilities:

The Privacy Officer will have the following responsibilities and duties:

- Be responsible for developing, implementing, and maintaining Facility policies and procedures regarding the [privacy](#) of [PHI](#), consistent with UHS HIPAA policies and procedures and legal requirements, including state laws applicable to the Facility.
- Obtain approval from Facility senior management on the policies and procedures.
- Be responsible for compliance with the HIPAA Privacy Rule for the Facility.
- Assure the Facility [privacy](#) policies and procedures are compliant with the [HIPAA Privacy Rule](#), other applicable federal laws and regulations, and applicable State laws and regulations.
- Work with the UHS Legal department on all questions regarding the applicability of state [privacy](#)-related laws to the Facility.
- Conduct a regular [review](#) of the Facility's [privacy](#) policies and procedures, and inform members of the Facility's [workforce](#) when the Facility HIPAA Privacy policies and procedures have been changed or updated.
- Assure that the Facility's business practices are compliant by evaluating procedures against the [HIPAA Privacy Rule](#).
- Assure that [workforce](#) members are compliant by clarifying the Facility's [privacy](#) policies and procedures when questionable.
- Receive inquiries and work with the UHS Privacy Officer to respond to requests for information from the Department of Health and Human Services (HHS) concerning compliance issues and questions.
- Make recommendations to the Facility Human Resources department and management for resolution of privacy compliance issues.
- Implement changes necessary to gain compliance with the [HIPAA Privacy Rule](#) that are approved by the president or CEO of the Facility.
- Coordinate between departments within the Facility.
- Assure the protection of the confidentiality of [PHI](#), in accordance with the [HIPAA Privacy Rule](#) and Facility policies and procedures.

- Develop and maintain the Facility Notice of Privacy Practices, in consultation with the UHS Corporate Privacy Officer and Compliance Office, in accordance with the UHS HIPAA policy *Notice of Privacy Practices*. Assure that the Facility has and maintains appropriate **privacy** authorization forms and other **privacy**-related forms, information notices, and materials reflecting current UHS and Facility policies, procedures and legal requirements, including state law requirements applicable to the Facility.
- Develop and maintain a system to document the following, and maintain the documentation for six (6) years:
 - Maintain the Facility **privacy** policies and procedures, original and as amended, in written or electronic form;
 - If a communication is required by the **HIPAA Privacy Rule** to be in writing, maintain the writing or an electronic copy as documentation;
 - If an action, activity or designation is required to be documented, maintain a written or electronic record; and
 - Maintain documentation as required under the UHS HIPAA policy *Breach Notification*
- Receive or oversee the receipt of complaints relating to **privacy** practices and issues.
- Timely investigate, assess the viability and severity of, respond to, document, and maintain documentation on complaints from patients, employees, **business associates**, and others relating to the Facility's **privacy** practices, in accordance with the UHS HIPAA policy *Responding to Patient Complaints and Other Privacy-Related Complaints*. If a **privacy**-related complaint is combined with other patient issues, the Privacy Officer will assist the applicable department in responding to the **privacy**-related concerns.
- Work with the Facility Compliance Officer, risk manager, director of Human Resources, internal audit and, as indicated, the UHS Corporate Privacy Officer or Compliance Office to establish a process for receiving, documenting, tracking, investigating, and taking corrective action on all complaints concerning the Facility's **privacy** policies and procedures (including self-disclosures).
- Oversee the Facility's review and response to patient requests to access, amend, or restrict use or disclosure of **PHI**, for confidential communications, for an accounting of disclosures, and other patient **privacy** rights as described in the UHS HIPAA policy *Patient Rights under the HIPAA Privacy Rule* and related policies.

- Implement and maintain necessary administrative, technical and physical safeguards for PHI.
- Conduct or oversee initial and recurrent **privacy** training for the Facility's **workforce** on the Facility's HIPAA policies and procedures in a timely manner to Facility employees, volunteers, employed medical and professional staff, board members, and other appropriate parties.
- Assure that the required **workforce** HIPAA privacy and security training is tracked and documented.
- Develop and implement a sanction policy for Facility **workforce** members who violate the **HIPAA Privacy Rule** or Facility **privacy** policies and procedures, consistent with the UHS HIPAA *Sanction Policy*. In consultation with the UHS Corporate Privacy Officer or Compliance Office, coordinate correction, mitigation, and disciplinary action relating to **privacy** issues with the Facility Human Resources department, and other appropriate individuals and departments.
- Provide oversight for activities involving **business associates**, including Facility:
 - Identification of **business associates**
 - Development and negotiation of **business associate agreements (BAAs)**, consistent with the UHS HIPAA policy *Business Associates and Business Associate Agreements*, using the template **BAA**.
- Implement corrective action to mitigate the harmful effects to individuals whose **privacy** of **PHI** has been breached, to the extent feasible, and document such actions.
- Be responsible for working with Facility management to protect whistleblowers, as well as individuals who file complaints or participate in a compliance action, from retaliation or retaliatory actions.
- In cooperation with the UHS Corporate Privacy Officer or Compliance Office, implement and conduct an internal **privacy** audit/monitoring program, including an evaluation of adherence to Facility **privacy** policies and procedures by departments and personnel. Perform periodic **privacy** risk assessments of policies, procedures, supervisory personnel responsible for **privacy** and security oversight, and training programs; analyze whether there are any gaps; and determine timeframes and resources necessary to address gaps.

- Provide information to the Facility about **privacy**-related matters, and represent the Facility as the **privacy** expert when **privacy** issues or meetings arise.
- Investigate potential breaches and determine whether there has been a breach of unsecured **PHI**; notify the UHS Corporate Privacy Officer or Compliance Office and UHS Compliance Office if there has been a breach; take steps to mitigate losses and protect against further breaches; in consultation with senior management at the Facility and the UHS Corporate Privacy Officer, determine whether notification is required and provide timely notification, consistent with the UHS HIPAA policy *Breach Notification*.
- Work with the Facility Security Officer to address **privacy** issues identified through a facility security risk analysis or by other means.
- Establish with Facility management, Facility operations, and the Facility Security Officer a mechanism to track **access** to **PHI**, to the extent required by law and to allow qualified individuals to review or receive a report on such activity as required.

In the event of an extended absence of the Privacy Officer or vacancy in the position, the UHS Corporate Privacy Officer or Compliance Office, in consultation with the Facility's president or CEO, will designate an individual to act as the Privacy Officer on an interim basis.

References:

45 C.F.R. § 160.300 *et seq*
45 C.F.R. § 164.502
45 C.F.R. § 164.504
45 C.F.R. § 164.510
45 C.F.R. § 164.512
45 C.F.R. § 164.514
45 C.F.R. § 164.520
45 C.F.R. § 164.524
45 C.F.R. § 164.530

Related UHS Policies:

UHS Privacy 2.0 *Breach Notification*

UHS Privacy 27.0 *Business Associates and Business Associate Agreements*

UHS Privacy 30.0 *HIPAA Privacy Training Policy*

UHS Privacy 4.0 *Notice of Privacy Practices*

UHS Privacy 18.0 *Patient Rights under the HIPAA Privacy Rule*

UHS Privacy 19.0 *Patient's Request to Access PHI*

UHS Privacy 20.0 *Patient's Request to Amend PHI*

UHS Privacy 21.0 *Patient's Right to Request Use or Disclosure Restrictions and Alternative Communications*

UHS Privacy 22.0 *Responding to Patient Complaints and Other Privacy-Related Complaints*

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07-22-2013**

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Reviewed and Approved by:

UHS Compliance Committee