

# HIPAA's Place In Your Overall Compliance Program



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# Wearing Two Hats



Job Detail

## Compliance & Privacy Officer

**Job Title** Compliance & Privacy Officer  
**Company Name**  
**Post Date** 2/16/2017 - 5/17/2017  
**CHC Preferred** YES  
**Job Location** Jacksonville, FL United States  
**Job Description** **POSITION:** Compliance & Privacy Officer, Inc.  
**REPORTS TO:** President/General Manager, Inc.  
Chief Compliance Officer,  
**FLSA STATUS:** Exempt  
**TYPE:** Regular full-time

### Job Summary:

The Compliance & Privacy Officer leads the Compliance Program of Inc. ("Inc." or "the Company"), responsible for coordinating compliance activities and reporting throughout the organization. This position ensures that the Board of Directors, management and employees are in compliance with the rules and regulations of regulatory agencies, that company policies and procedures are being followed, and that behavior in the organization meets the company's Code of Conduct and standards for ethical behavior.

The Compliance & Privacy Officer must ensure that regular compliance activities occur to address the eight elements of Healthcare Compliance Programs, including annual risk assessment, development of a company-wide compliance work plan, auditing and monitoring activities, general and specific compliance education, development and regular review of compliance

## Manager Compliance and Privacy

**Job Title** Manager Compliance and Privacy  
**Company Name** Hospital  
**Post Date** 3/16/2017 - 6/14/2017  
**Job Location** New York, NY United States  
**Job Description** **Continuous Compliance and Privacy at New York's #1 Hospital: You Make It Possible**

### Manager of Compliance & Privacy

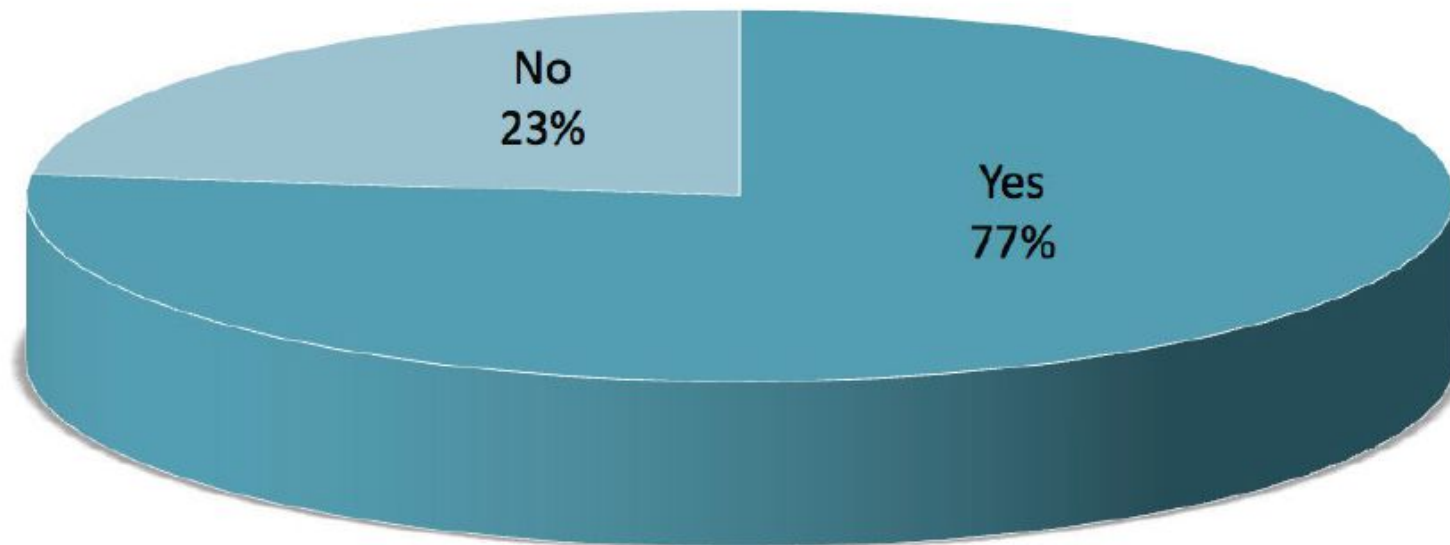
Bring your talents to , where talented, detail-oriented professionals like you drive hospital compliance and privacy improvement. With your exceptional operational skills, you'll enhance the patient experience and solidify our reputation for excellence. Find out how you can

Step into this vital role where you will be responsible for monitoring compliance with laws and regulations at the federal and state levels for the System Hospital(s) with reporting lines to the System Hospital CEO and Chief Compliance Officer. Developing the Compliance and Privacy program for the system Hospital(s), including implementing and monitoring related policies, serving as a resource with regard to Compliance and Privacy, conducting investigations of noncompliance matters; and interacting with Senior Management on the maintenance of the Compliance Program.

# HIPAA in your compliance program



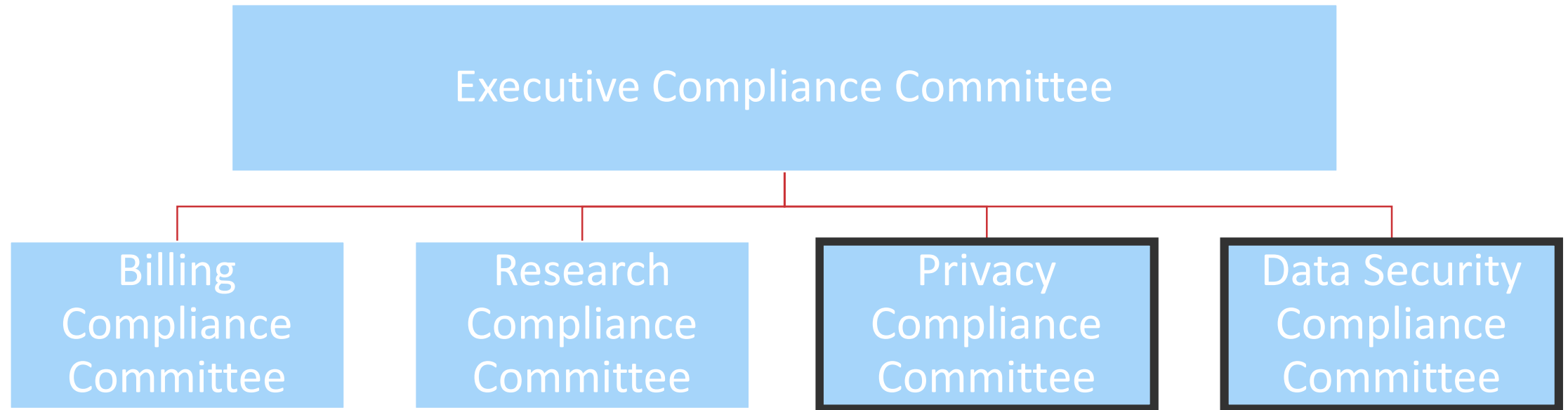
**Is compliance responsible for overseeing data protection and privacy in your organization?**



Source: *Data Privacy: How Big a Compliance Challenge? January 2011*

Health Care Compliance Association and Society of Corporate Compliance and Ethics

# Leverage Existing Committee System



# Reporting Relationships



Some organizations require reporting lines to compliance

*The Chief Administrative Officer at each Institution shall:*

- *designate an individual to serve as the Institutional Information Security Officer (ISO) who shall:*
  - *serve in the capacity as required by 1 Texas Administrative Code 202.71 (b) with authority for that entire Institution;*
  - *report to the President or to a senior executive, other than the Chief Information Officer or Information Resources Manager, who reports to the President; and*
  - *have a dotted line reporting relationship to the Institution's Compliance Officer and the U. T. System Chief Information Security Officer;*

# Seven Elements of Effective Compliance Program



1. Written Standards of Conduct
2. Compliance Officer and a Compliance Committee
3. Effective Training and Education
4. Effective Lines of Communication
5. Auditing and Monitoring
6. Enforcing Standards Through Well-Publicized Disciplinary Guidelines
7. Responding to Detected Offenses and Developing Corrective Action Initiatives



# Examples



# 1. Policies

# 3. Effective Training



UCLA Health System (\$865,500 Settlement)

*“Covered entities are responsible for the actions of their employees. This is why it is vital **that trainings and meaningful policies and procedures**, including audit trails, become part of the every day operations of any health care provider”*

*(Emphasis added)*

-- OCR Director Georgina Verdugo

## 6. Enforcing Standards



UCLA Health System (\$865,500 Settlement)

*“entities covered under HIPAA must reasonably restrict access to patient information to only those employees with a valid reason to view the information and **must sanction any employee who is found to have violated these policies.**”*

*(Emphasis added)*

-- HHS OCR Press Release

## 2. Compliance Officer and Compliance Committee



OHSU (\$2.7 Million Settlement)

*“This settlement underscores the importance of **leadership engagement** and why it is so critical for the C-suite to take HIPAA compliance seriously.”*

*(Emphasis added)*

--Jocelyn Samuels, Director, HHS OCR

## 4. Effective Lines of Communication



New York Presbyterian Hospital (\$2.2 Million Settlement)

*“We take seriously all **complaints filed by individuals**, and will seek the necessary remedies to ensure that patients’ privacy is fully protected.”*

*(Emphasis added)*

--Jocelyn Samuels, Director, HHS OCR

# 5. Auditing and Monitoring



Memorial Healthcare System (\$5.5 Million Settlement)

*“Further, organizations **must implement audit controls and review audit logs regularly.** As this case shows, a lack of access controls and regular review of audit logs helps hackers or malevolent insiders to cover their electronic tracks, making it difficult for covered entities and business associates to not only recover from breaches, but to prevent them before they happen.”*

*(Emphasis added)*

--Robinsue Frohboese, Acting Director, HHS OCR

# 7. Responding to Detected Offenses and Corrective Action



Children's Medical Center of Dallas (\$3.2 Million Settlement)

*“Ensuring adequate security precautions to protect health information, including identifying any security risks and **immediately correcting them**, is essential” said OCR Acting Director Robinsue Frohboese. (Emphasis added)*

--Robinsue Frohboese, Acting Director, HHS OCR

# Questions?



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