



**Defining the Roles of the Chief Privacy Officer and  
Coordinating a HIPAA Implementation Team**

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# Agenda

- Organizing for HIPAA Privacy
- HIPAA Team(s)
- Privacy Timeline
- Chief Privacy Official
- Implementation





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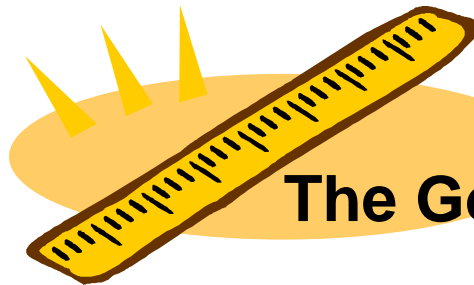
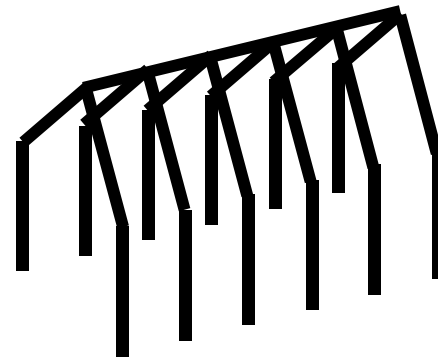
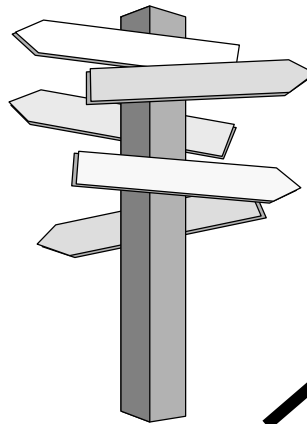
# **Organizing for HIPAA Privacy**

# Leadership

- **Commitment from the top essential**
  - Understands HIPAA
  - Commits to compliance
  - Recognizes benefits
  - Seizes opportunities
- **Appoints Project Leader**
- **Appoints Steering Committee**

# Understands HIPAA

- **Transactions**
  - Provider options
- **Security**
  - Flexible
  - Scalable
  - Technology neutral
- **Privacy**
  - Reasonable



The Golden Rule

# Commits to Compliance

- Understands level of risk tolerance
- Establishes HIPAA strategy and direction
- Creates policy
- Trains - trains - trains
- Ensures practice
- Documents - documents - documents
- Ongoing monitoring

# Benefits and Opportunities

## ■ Transactions

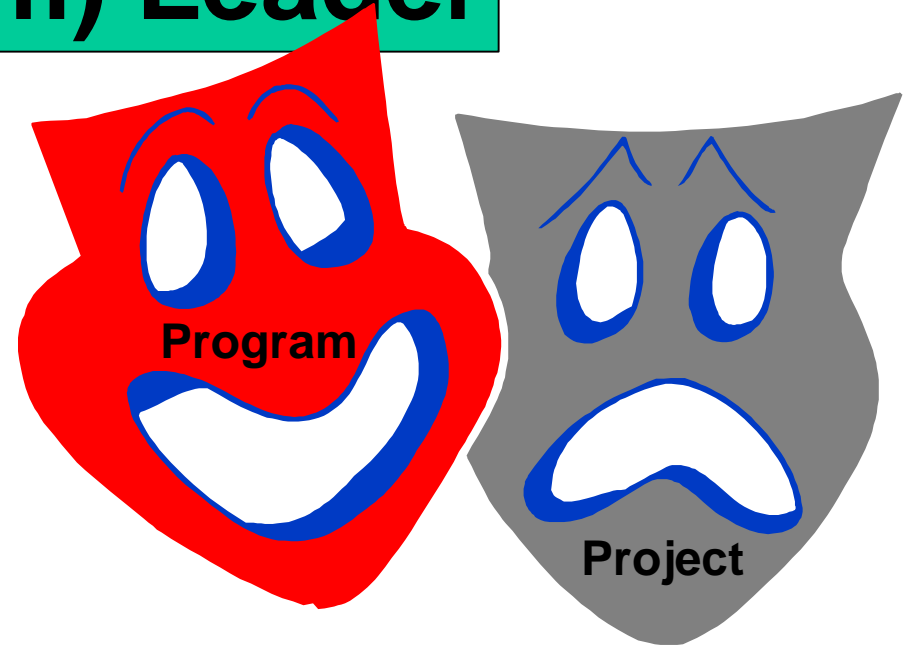
- Improved productivity
- Improved cash flow
- Reduction in bad debt
- Increased customer satisfaction
- Promotes E-commerce

## ■ Security and Privacy

- Standards
- Loss avoidance
- Consumer confidence
- Licensing and accreditation action
- Promotes information infrastructure
- Promotes E-health

# Project (Program) Leader

- Leadership skills
- Top management support
- Project management skills
- Knowledgeable of organization
- Understands HIPAA



# Project (Program) Leader

- **May report to:**
  - **CEO**
  - **Other “O”**
  - **Corporate Compliance**
  - **IT**
- **Support is more important than reporting relationship**

# Project (Program) Leader

## ■ Prepares for HIPAA

- Ensures organizational elements in place
- Monitors rules and keeps abreast of formal and informal guidance
- Understands and communicates organizational strategy and direction
- Integrates corporate initiatives into HIPAA
- Develops preliminary budget for education, readiness assessment, and training

# Project (Program) Leader

- **Conducts/oversees readiness assessment**
  - **Inventories flow of protected health information, including official and unofficial paper-based records and other sources and uses of information**
  - **Analyzes flow of financial and administrative transactions**
  - **Inventories policies, procedures, forms, contracts, and other documentations**
  - **Inventories information systems and biomedical equipment**
  - **Inventories business associates**

# Project (Program) Leader

- **Develops and continually updates a project plan, including**
  - **Tasks**
  - **Timeline**
  - **Resources**
  - **Budget**
- **Oversees the conduct of risk analysis**
- **Manages teams**
  - **Oversees that meetings are held**
  - **Oversees that work is accomplished**
  - **Provides support as applicable**

# Program Leader

- **Provides ongoing monitoring and support for compliance**
  - **Prepares annual compliance report**
  - **Monitors rules**
    - Claims attachments
    - Identifiers
    - Patient medical record information
  - **Conducts internal security audit, privacy audit and plans for remediation**
  - **Conducts benefit realization studies**
  - **Provides ongoing education, training, and awareness**
  - **Coordinates with licensing, accreditation, and other corporate compliance activities**

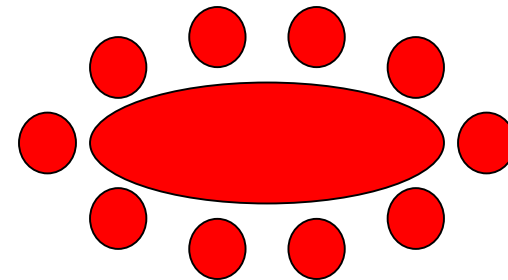


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# **HIPAA Team(s)**

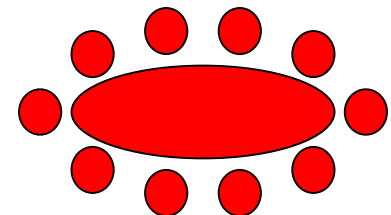
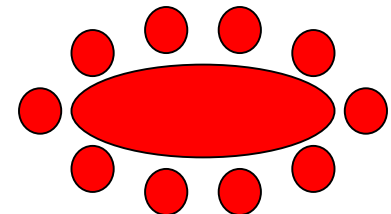
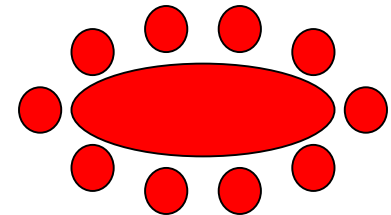
# Steering Committee

- **Multi-disciplinary**
- **Representative membership**
- **Appropriate size**
- **Authority/reporting relationship**
- **Responsibility**
  - **HIPAA oversight**
  - **Decision-making**
  - **Recommendations**



# Sub-Committees

- Transactions
- Security
- Privacy
- Education
- Clinician Advisory Group
  
- Ex-officio as applicable
  - Project Leader
  - Information Privacy Official
  - Information Security Official

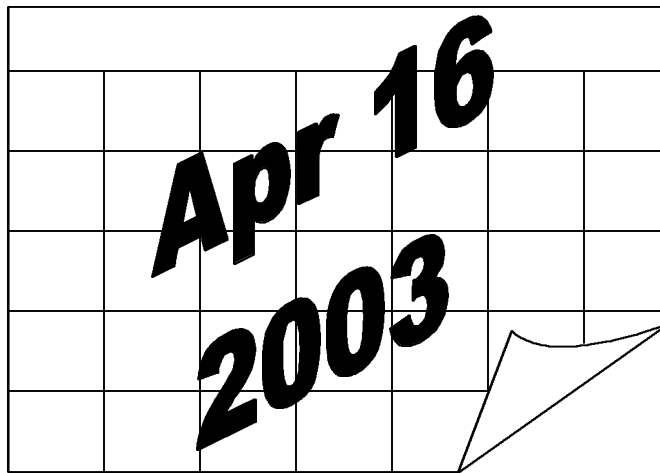




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# **Privacy Timeline**

# Effective Date



- Plan now
- But proceed cautiously
- Understand rule, guidelines, modifications
- Obtain input
- Test
- Roll out

# Compliance



- Huge culture change
- Unknown consumer response
- Two years with which to comply
- Always assess impact to patient care



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# **Chief Privacy Official**

# HIPAA Requirement

**Standard: personnel designations.**

- (i) A covered entity must designate a privacy official who is responsible for the development and implementation of the policies and procedures of the entity.**
- (ii) A covered entity must designate a contact person or office who is responsible for receiving complaints under this section and who is able to provide further information about matters covered by the notice required by § 164.520.**

# Organizational Issues

## ■ Many reporting models . . .

- CEO
- Other “O”
- Corporate Compliance
- Other

## ■ Many sources

- HIM
- Corporate compliance
- Hospital administration
- Nursing

# Job Description

**Summary:** The Information Privacy Officer oversees all ongoing activities related to the development, implementation, maintenance of, and adherence to the organization's policies and procedures covering the privacy of and access to patient's protected health information in compliance with federal and state laws and the organization's privacy practices.

**Tasks:**

1. Identifies need for, develops, implements, and maintains, in coordination with the organization's governance, the organization's policies and procedures for protecting individually identifiable health information.
2. Performs information privacy risk assessment and conducts related ongoing privacy compliance monitoring activities in coordination with the organization's other compliance and operational assessment functions.
3. Works with the organization's forms committee(s) and legal counsel to develop and maintain appropriate consent forms, authorization forms, notice of privacy practices, business associate contracts, and other documents required under HIPAA's Standards for Privacy of Individually Identifiable Health Information.
4. Establishes and administers a process for receiving, documenting, tracking, investigating, and taking action on all complaints concerning the organization's privacy policies and procedures.
5. Oversees, directs, delivers, or ensures delivery of, including the tracking of attendance, information privacy training for the organization and other appropriate parties. Initiates, facilitates, and promotes activities to foster information privacy awareness within the organization and related entities.
6. Reviews all information system-related security plans to ensure alignment between security and privacy practices.
7. Cooperates with the HHS Office of Civil Rights, other legal entities, and the organization's governance in any compliance reviews or investigations.
8. Serves as a member of the organization's Institutional Review Board (IRB) or other Privacy Board which may be constituted for the purpose of overseeing use of individually identifiable health information without the individual's authorization or with an altered form of authorization for the purposes of research.

**Relationships:**

For this function, the Privacy Officer should have a working relationship with the chief medical staff officer, chief patient care officer, information security officer, risk manager, and corporate compliance. Although the information privacy officer may be physically housed within the health information management department, there should be an arms-length relationship to ensure a system of checks and balances. The information privacy officer should have the same reporting relationship as the corporate compliance officer.

**Qualifications:**

Maintains current knowledge of applicable federal and state privacy laws and accreditation/licensure standards pertaining to health care. Monitors advancements in information privacy strategies and technologies to ensure organization adaptation and compliance. Experience in health information access controls, release of information, and health information release control strategies and technologies. Demonstrated organization, facilitation, communication, and presentation skills. Professional certification as a Registered Health Information Administrator (RHIA) or Registered Health Information Technician (RHIT) through the American Health Information Management Association (AHIMA) is desirable.

# Chief Privacy Official

- Establish formal training program
- Review state law for any more stringent requirements
- Define designated record set
- Inventory policies and procedures
  - Identify documents
  - Determine practice variations
  - Compare to HIPAA
- Revise/develop policies and procedures \*
- Establish privacy documentation \*

# \*Policies and Procedures

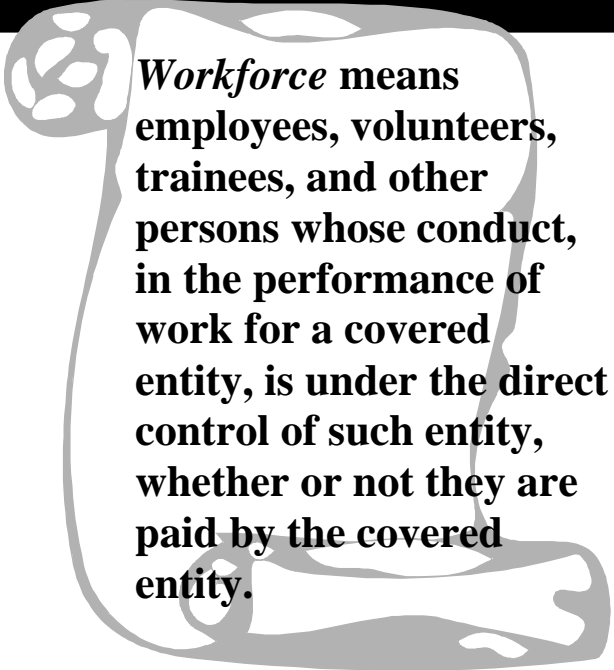
- Privacy most impacts . . .
  - Clinicians
  - Patients
- Obtain input from Clinician Advisory Group
  - Impact on workflow
  - Impact on patient care
  - Impact on privacy
- Test with patients
  - Understanding
  - Response

# \*Privacy Documentation

- **Required by standards:**
  - Policies
  - Procedures
  - (Business Associate) Contracts
  - Complaints
  - Rights due process
  - (Security) incidents
- **Required for investigations:**
  - Compliance report

# Coordinate with . . .

- All members of workforce
- Human resources
  - Labor unions
- Medical staff
- Affiliates
- Business associates
- Community
  - Other providers
  - Affiliated physicians



*Workforce* means employees, volunteers, trainees, and other persons 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.



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# **Implementation**

# Privacy Plan

- **Develop privacy education program**
- **Assess policies and procedures**
- **Revise/develop policies and procedures**
- **Establish privacy documentation**
  - **Documentary evidence of compliance**
  - **Notice of privacy practices**
  - **Consent**
  - **Authorizations**
  - **Due process**
- **Identify technical support requirements**

# Summary

- **Get organized**
  - Top management commitment essential
  - Appoint HIPAA principals (project leader, IPO, ISO)
  - Establish working groups to address standards
- **Recognize privacy timeline**
  - Plan
  - Prepare
  - Test
  - Implement
- **Select privacy official that can coordinate with all constituents**



# **Margret\A Consulting, LLC**

*Strategies for the digital future of healthcare information*

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