

	Privacy	Rio Grande Valley HIE	Policy: P6
	Effective Date 11/06/2015	Last Date Revised/Updated 11/06/2015	Date Board Approved: 11/06/2015
Subject: Personnel Designations			

FEDERAL REGULATION:

45 CFR 164.530(a)(1) and (2)
45 CFR 164.308(a)(2)

POLICY:

Rio Grande Valley Health Information Exchange (RGV HIE) has designated a Privacy Officer, who is responsible for the development and implementation of, as well as ensuring the compliance with, RGV HIE’s policies and procedures related to privacy of health information. The Privacy Officer shall be the contact person responsible for receiving complaints and who is able to provide further information about matters covered by the Notice of Privacy Practices.

RGV HIE has designated an Information Security Officer, who is responsible for developing and monitoring security measures and practices to ensure RGV HIE’s health information is secure from unauthorized access, protected from inappropriate alteration, physically secure and available to authorized users in a timely manner.

RGV HIE documents the personnel designations above for six years from the date of its creation or the date when it last was in effect, whichever is later.

PROCEDURE:

Privacy Officer

The Executive Director shall assume the role of Privacy Officer and be responsible for the development and implementation of, and ensuring the compliance with, the policies and procedures associated with the HIPAA privacy and security standards. All inquiries regarding the notices, policies and procedures, as well as complaints concerning violations, shall be directed to the Privacy Officer.

Responsibilities:

- Provides guidance and assists in the identification, implementation, and maintenance of RGV HIE privacy policies and procedures in consultation with legal counsel as needed.
- Oversees initial and periodic privacy risk assessments and related ongoing compliance monitoring activities.

- Works with legal counsel to ensure RGV HIE has and maintains appropriate authorization forms and information notices and materials.
- Oversees, directs, delivers or ensures delivery of initial privacy training and orientation to all employees, contractors, business associates and other appropriate third parties.
- Participates in the development, implementation and ongoing compliance monitoring of all business associate agreements.
- Establishes and administers a process for receiving, documenting, tracking, investigating, and taking action on all complaints concerning the privacy policies and procedures in coordination and collaboration with other similar functions, and when necessary, legal counsel.
- Works with staff in overseeing the patient rights to inspect, amend and restrict access to protected health information when appropriate.
- Ensures compliance with privacy practices and consistent application of sanctions for failure to comply with privacy policies for all individuals in the RGV HIE workforce, extended workforce, and for all business associates, in cooperation with legal counsel.
- Establishes a mechanism to track access to protected health information, within the purview of the RGV HIE and as required by law and to allow qualified individuals to review or receive a report on such activity.
- Works with all RGV HIE personnel involved with any aspect of release of protected health information to ensure full coordination and cooperation under RGV HIE's policies and procedures and legal requirements.

Information Security Officer

The Executive Director shall assume the role of Information Security Officer and shall be responsible for the development and implementation of policies and procedures associated with the HIPAA security standards to ensure the integrity, availability and confidentiality of electronic information.

Responsibilities:

- Provides development guidance and assists in the identification, implementation, and maintenance of RGV HIE's information security policies and procedures in consultation with legal counsel as needed.
- Assists in the strategic planning of information systems and appropriate security measures, as well as security policies and procedures
- Reviews the security features of existing and new computing devices (like laptops) to ensure they meet operational and security requirements, and do not pose a threat to the organization's information system.
- Performs initial and periodic information security risk assessments and conducts related ongoing compliance monitoring activities.
- Provides leadership to committees, work groups and others charged with oversight of the security and privacy program.
- Works to ensure appropriate coordination between the facility's security program and its privacy program

- Revises the security program as necessary to comply with changes in the law, regulations, professional ethics, security environment and changes in the overall business operations.
- Reviews and proposes changes to policies and procedures to ensure ongoing security of electronic information.
- Ensures that personnel have access to critical patient information with minimal disruption in the event of power outage, natural or manmade disaster or other disruption.
- Performs internal audit of data access and use to detect and deter breaches
- Reviews security breaches, or attempted breaches, and takes appropriate action to minimize harm or deter future attempts.
- In coordination with key personnel; develops, implements and periodically tests the following: disaster recovery procedures, access policies & procedures, as well as technical and physical security.
- Maintains awareness of changes in security risks, security measures, and computer systems.

Governing Board

The Board of Directors shall be responsible for the following:

- Ensure development, establishment and implementation of policies, procedures, and practices to comply with HIPAA Standards.
- Ensure development of educational programs for employees to comply with HIPAA standards
- Assist with the ongoing compliance of policies, procedures and practices
- Receive and review audits
- Receive reports concerning complaints and responses to those complaints