

Office of Compliance Programs

PRIVACY POLICY AND PROCEDURES

LSU Health Sciences Center New Orleans

Date Effective: April 14, 2003

Patient Information Policy

Privacy Official and Complaint Contact

Policy #: 2100.2

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SCOPE:

All Louisiana State University (LSU) System health care facilities and providers including, but not limited to hospitals, physician practices, clinics, schools, etc. on the LSU Health Sciences Center New Orleans Academic Campus.

Nota Bene: All LSU System health care facilities and providers including, but not limited to hospitals, physician clinics, schools, etc. on the LSU Health Sciences Center New Orleans Academic Campus, are referred to in this policy as LSUHSC-NO.

PURPOSE:

To establish the requirements and guidelines for each LSUHSC-NO component to designate a Privacy Official to oversee and implement LSUHSC-NO's privacy policies and procedures, as required by the Health Insurance Portability and Accountability Act (HIPAA), Standards of Privacy of Individually Identifiable Health Information ("HIPAA Privacy Regulations").

POLICY:

Each LSU System-affiliated component must designate a Privacy Official to oversee and implement the LSUHSC-NO Privacy Policies and Procedures and work to ensure LSUHSC-NO's compliance with the requirements of the HIPAA Privacy Regulations. The Privacy Official will also be responsible for receiving complaints about matters of patient privacy.

Each Privacy Officer should:

- Establish or identify a committee to assist the Privacy Official in his/her other duties; and
- Be designated with Privacy Program oversight and responsibility.

DEFINITIONS:

Privacy Officer – person designated by LSUHSC-NO as the Privacy Officer.

Protected Health Information (sometime referred to as "PHI") – for purposes of this policy means Individually Identifiable Health Information that relates to the past, present or future health care services provided to an individual. Examples of Protected Health Information include medical and billing records of a patient.

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PROCEDURE:

- 1.0 General. LSUHSC-NO shall designate an appropriate individual to serve as the LSUHSC-NO's Privacy Official.
- 2.0 Responsibilities. The Privacy Official's responsibilities shall include, but are not limited to:
 - Privacy Policies and Procedures:
 - Communication and implementation of the privacy policies and procedures to the facility's workforce;
 - Assistance with deployment and implementation of the facility's privacy policies and procedures; and
 - Development, communication and implementation of facility-specific policies and procedures related to patient privacy.
 - Training:
 - Overseeing initial and ongoing training for all members of the facility workforce on the policies and procedures related to Protected Health Information as necessary and appropriate to carry out their job-related duties;
 - Ensuring all new members of the workforce are trained within a reasonable period of time; and
 - Documenting that training has been provided.
 - Advisory:
 - Advising members of the workforce on privacy matters.
 - Complaints: Serves as the individual to:
 - Receive complaints concerning patient rights,
 - Investigate any complaints, and
 - Document complaints received and their disposition.
 - Sanctions:
 - Ensure violations of privacy policies and procedures are addressed as appropriate.
 - Document sanctions that are applied.
 - Mitigation:
 - To the extent practicable, mitigate any harmful effect that is known to LSUHSC-NO from the use or disclosure of Protected Health Information in violation of policies and procedures.

REFERENCE:

45 C.F.R. § 164.530