

# Stark County Board of Developmental Disabilities

HIPAA Procedure 2: HIPAA Privacy Officer , Security Officer and Compliance Committee Duties	Effective: 4/14/03
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## **Subject: HIPAA Privacy Officer, Security Officer and Compliance Committee Duties**

The Superintendent, or designee of the Superintendent, shall annually, on or before July 1 of each year, appoint and confirm via memo a Privacy Officer, Security Officer and a Compliance Committee. The Privacy Officer and Security Officer shall have the authority to review all documents, activities and other information that are relevant to compliance with the Health Insurance Portability and Accountability Act of 1996 ("HIPAA") Privacy Rule including the information detailed below.

The duties of the Privacy Officer shall include:

1. Maintain an accurate inventory of (1) all staff who have routine access to the confidential-and protected health information (PHI) of the individuals served, and (2) assure that a system is in place to properly respond to a request by an individual served to exercise the individual's rights under the Privacy Rule, (a) to receive the Board's Privacy Notice, (b) to access his or her PHI, (c) to request restrictions on the Board's use/disclosures of PHI, (d) to request an amendment of the PHI maintained by the Board, and (e) to request an accounting of all disclosures made by the Board as required by the Privacy Rule.
2. Oversee employee training in the area of informed consent and protection of confidential information of individuals served from unauthorized use or disclosure.
3. Determine when the Board might need authorization from the individual served for use or disclosure of PHI.
4. Ensure that any research efforts conducted or supported by the Board comply with appropriate privacy laws and policies and adequately protect the privacy of the data subjects.
5. Review all contracts under which access to confidential data is given to Business Associates, bring those contracts into compliance with the Privacy Rule, and ensure through contract language that confidential data of the individual served is adequately protected when such access is granted.
6. Ensure that all policies, procedures and notices are flexible enough to respond to new technologies and legal requirements, or, if they are not, amend them as necessary.
7. Ensure that future Board initiatives are structured in such a way to ensure the privacy of those served.
8. Conduct periodic privacy audits and take remedial action as necessary.
9. Guard against retaliation against individuals served who seek to enforce their own privacy rights or those of others.

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10. Remain up-to-date on laws, rules and regulations regarding data privacy and update Board policies and procedures and forms as necessary.
11. Communicate and periodically update the Superintendent with regard to matters raised under the Privacy Rule and the policies and procedures adopted pursuant to the Privacy Rule.

The Security Officer shall coordinate efforts with the Privacy Officer, and shall keep the Privacy Officer abreast of all matters that involve the confidentiality and privacy of medical information. The Compliance Committee appointed by the Superintendent pursuant to HIPAA Procedure 2, Privacy Officer and Compliance Committee Duties shall also be available for consultation with the Security Officer regarding confidentiality and privacy issues.

The duties of the Security Officer shall include:

1. Maintaining an accurate inventory of (a.) all staff who have routine access to the electronically maintained confidential and protected health information of the individuals served, and, (b.) maintain appropriate security clearance mechanisms.
2. Oversee information security training for all employees, contractors, and other third parties who will require access to electronically maintained PHI.
3. Monitoring compliance with the Board's information security policies and procedures, and referring problems to appropriate Department Heads/Compliance Committee Members.
4. Monitoring internal control systems to ensure that appropriate information access levels and security clearances are maintained.
5. Performing information security risk assessments and audits for information security processes.
6. Ensure that all policies, procedures and notices are flexible enough to respond to new technologies and legal requirements, or, if they are not, amend them as necessary.
7. Ensure that future Board initiatives are structured in such a way to ensure the privacy of those served.
8. Remain up-to-date on laws, rules and regulations regarding data security and update Board policies and procedures and forms as necessary.
9. Communicate and periodically update the Superintendent with regard to matters raised under the Security Rule and the policies and procedures adopted pursuant to the Security Rule.

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The Compliance Committee shall be composed of those Department Heads and Managers as designated by the Superintendent. The Compliance Committee shall be responsible for developing and reviewing on an annual basis a list of job classifications which were created by dividing the Board employee positions into job categories; determining and reviewing what categories or types of Protected Health Information (PHI) will be necessary for each of the job classifications to perform their job duties; and oversee the on-going implementation of the Privacy rule, Board Policies and Procedures. The Compliance Committee shall also be available for consultation with the Privacy Officer regarding privacy issues, and to perform any other duties or functions as directed by the Superintendent.

All inquiries or questions of individual Compliance Committee Members shall be directed to the Privacy Officer. Thereafter, the Privacy Officer has authority to seek Compliance Committee consultation, legal counsel opinion, and/or consultation with the Superintendent.

Applies to:                      Yes                      No All employees                      X Non Represented SCEPTA SCDD SSA (1) <u>See Current Bargaining Agreement</u>	<b>Historical Resolution Information</b> Policy 2.22 HIPAA <table style="width: 100%; border: none;"> <tr> <td style="width: 50%;"><b>Date</b></td> <td style="width: 50%;"><b>Resolution Number</b></td> </tr> <tr> <td>3/24/03</td> <td>3-28-03</td> </tr> <tr> <td>1/19/13</td> <td>01-09-13</td> </tr> </table> <b>Procedure Rev. 4/30/12</b>	<b>Date</b>	<b>Resolution Number</b>	3/24/03	3-28-03	1/19/13	01-09-13
<b>Date</b>	<b>Resolution Number</b>						
3/24/03	3-28-03						
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Superintendent's Signature:	Reviewer(s): Privacy Officer Security Officer						