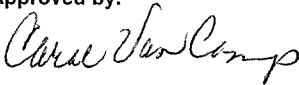


 HAWAII HEALTH SYSTEMS C O R P O R A T I O N "Quality Healthcare for All" POLICY	Department: Quality Through Compliance	Policy No.: CMP 027A
	Issued by: Audit and Compliance Committee	Revision No.: Effective Date: September 19, 2013
Subject: HIPAA Training Policy	Approved by:  HHSC Board of Directors By: Carol A. VanCamp Its: Secretary/Treasurer	Supersedes Policy: Page: 1 of 2

Last Reviewed: August 19, 2013. Next Review: August 19, 2016

- I. **PURPOSE:** This Policy describes the process by which Hawaii Health Systems Corporation (HHSC) will conduct training including information about access, use, management, control, disclosure, and/or release of patient Protected Health Information (PHI) and Electronic Protected Health Information (ePHI). This policy is in addition to CMP 007A.

- II. **DEFINITIONS:**

Compliance Officer: The Chief Compliance and Privacy Officer, the Regional Compliance Officer for each of HHSC's regions, and/or the facility compliance officer.

Workforce members: Personnel contracted directly by HHSC to provide services.

- III. **POLICY:** The Health Insurance Portability and Accountability Act of 1996 (HIPAA) requires that covered entities, such as HHSC, its employees, medical staff, and other workforce members receive training on HIPAA, including Privacy, Breach Notification and Security Rules. HHSC will provide training on the policies and procedures, as necessary and appropriate, for them to carry out their function and duties within HHSC.
 - A. The compliance officer shall develop and implement a training program for HHSC personnel to include, but not limited to, the following:
 1. Appropriate policies and Policy Manuals.
 2. Training regarding privacy and security of PHI and e-PHI, including the application of the Minimum Necessary principle (see CMP 019A);
 3. Periodic reminders about the need to make good faith efforts to maintain the privacy and security of our patients' PHI and e-PHI;
 4. Education concerning computer virus protection, detection and response to a virus infection; and
 5. Education about the importance of a secure login and HHSC's policy regarding creating, changing and protecting the confidentiality of computer passwords (See ITD0012).

 - B. HHSC will provide this training as follows:
 1. To each current HHSC employee;

2. To each new employee, medical staff, and/or workforce member within a reasonable period of time after the person joins HHSC;
 3. To each employee, medical staff, and/or workforce member whose job functions are affected by a material change in HHSC policies and procedures or a material change in the HIPAA Privacy, Security or Breach Notification Rules, with such training to occur within a reasonable period of time after the material change becomes effective.
- C. All HHSC staff receiving training shall:
1. Sign a log or record indicating the training received by such person; and
 2. Sign a confidentiality agreement stating that the person has reviewed and understands the HHSC privacy and security policies and procedures and will strive to comply with them, and to reinforce each person's responsibility to protect and maintain the privacy and security of our patients' PHI and e-PHI.
 3. The facility shall maintain records documenting that the training required by this policy is provided.
- D. HHSC facilities shall implement appropriate procedures to implement this Policy.

IV. APPLICABILITY: This policy applies to all HHSC facilities and HHSC employees.

V. AUTHORITY: Standards for Privacy of Individually Identifiable Health Information (HIPAA), 45 C.F.R., Subtitle A, Subchapter C, Section, 164.530 (b)(1). CMP 007A, CMP 019A, ITD0012.

VI. ATTACHMENT: None.