

UNIVERSITY OF FLORIDA
INFORMATION PRIVACY POLICIES & PROCEDURES
HEALTH INFORMATION OPERATIONAL GUIDELINES

I. Education and Training

A. POLICY

Rev. 01/01/2008

1. **Training and education** regarding Privacy of Health Information is provided by the University of Florida as follows:
 - a) *General Awareness Training for each new member of the workforce within 5 business days after the person joins the workforce; and for official visitors to UF's patient care areas, prior to beginning activities at UF.*
 - b) *Annual Renewal Training for all members of the workforce annually.*
 - c) *Role-based Training for workforce members based on their position and/or responsibilities, including:*
 - (1) Policies and Procedures Training for clinical and non-clinical faculty, staff, students, and volunteers.
 - (2) HIPAA for Researchers for all members of human subject research teams.
 - d) *Focused Update Training for members of the workforce whose functions are affected by a material change in the policies or procedures, within a reasonable period of time after the change becomes effective.*
2. **UF maintains documentation** concerning training provided to all workforce members for the retention period prescribed in the regulations.
3. **All members of the workforce** are required to complete an appropriate training module, review the Health Information Policy and sign the Confidentiality Statement at orientation and annually.
 - a) *Each individual, as a member of the workforce, is ultimately responsible for maintaining personal compliance with UF's Information Privacy training requirements.*
 - (1) Failure to comply with the training requirements is a Level Two (2) Privacy violation.
 - (2) Failure to complete the requirements within 60 days after joining the workforce or the annual renewal due dates will result in:
 - (a) *Loss of access to hospital and other computer systems for those who have such access. Access will not be reinstated until the required training has been completed.*
 - (b) *Mandatory meeting with the Privacy Officer and the employee's immediate supervisor for those who do not have computer access.*
 - (c) *Disenrollment or suspension from classes for students.*
 - (d) *Other sanctions as prescribed by policy may also be imposed.*
4. **Supervisors** in all colleges, departments, divisions, and clinics should maintain records of training compliance for all workforce members. Responsibilities include:

UNIVERSITY OF FLORIDA
INFORMATION PRIVACY POLICIES & PROCEDURES
HEALTH INFORMATION OPERATIONAL GUIDELINES

- a) *Incorporating appropriate training into their interviewing, hiring and orientation procedures for new staff, students, and volunteers,*
- b) *Making all workforce members aware of any changes in Information Privacy and Security training requirements, and*
- c) *Ascertaining that workforce members have completed all training requirements.*

B. DEFINITIONS

1. **Workforce:** faculty, staff, students, volunteers, trainees, and any other person, whether temporary or permanent, whose conduct, in the performance of work for the University of Florida, is under the direct control of the University, whether paid or not for their services.
2. **Visitors:** Any person who is not formally associated with the University Health Science Center including, but not limited to:
 - a) *Trade representatives,*
 - b) *Maintenance technicians,*
 - c) *Visiting health care professionals,*
 - d) *Visiting students (including non-HSC UF students),*
 - e) *Visiting family members of UF employees,*
 - f) *Applicants for University of Florida positions,*
 - g) *Any other similar persons or groups.*

NOTE: "Visitors" do not include UF students who are enrolled in a Health Science Center College or Program, volunteers working for the HSC, patients, or family members or friends visiting or accompanying patients.

C. PRIVACY REQUIREMENTS

All members of the workforce should be trained regarding the privacy and security policies and procedures, as necessary and appropriate for them to carry out their functions.

D. TRAINING PROGRAM

1. **Level One Training:** General Awareness
 - a) *HIPAA & Privacy: General Awareness*
 - (1) Participants include, but are not limited to the following, whether they have contact with patients or PHI or not.
 - (a) *All members of the workforce as defined in this policy;*
 - (b) *Visiting and associate faculty, students, and other persons performing services for the University;*
 - (c) *Business associates, as needed.*
 - (2) Frequency:

UNIVERSITY OF FLORIDA
INFORMATION PRIVACY POLICIES & PROCEDURES
HEALTH INFORMATION OPERATIONAL GUIDELINES

- (4) Uses and Disclosures of PHI & Minimum Necessary Rule
- (5) Accounting for Disclosures

3. Level Three Training: Role-Specific Tutorials

- a) *Notice of Privacy Practices – Optional training*
 - (1) Participants: All personnel who have first contact with patients
 - (2) Frequency: At orientation, and as needed thereafter, relative to changes in policies and/or changes in roles or job descriptions.
 - (3) Content
 - (a) *Purpose and Content of the Notice*
 - (b) *Answering Patients’ questions*
 - (c) *Procedures for providing the notice and obtaining acknowledgement*
- b) *Disclosure Tracking & Accounting – Mandatory training for designated staff*
 - (1) Participants: Only designated personnel authorized to enter data in UF’s On-Line Disclosure Tracking System.
 - (2) Frequency: Prior to receiving access to the system, annually, and as needed thereafter, relative to changes in policies and/or changes in roles or job descriptions.
 - (3) Content: Privacy and Security General Awareness plus:
 - (a) *Policies for disclosures of protected health information*
 - (b) *Purpose of the Disclosure Tracking System*
 - (c) *Disclosures that must be entered in the system*
 - (d) *General instructions for use of the system*
- c) *HIPAA for Fundraisers - Mandatory training for designated staff*
 - (1) Participants: Personnel in HSC development offices involved in fund-raising and donor relations with patients.
 - (2) Frequency: During new-hire orientation, annually, and as needed thereafter, relative to changes in policies and/or changes in roles or job descriptions.
 - (3) Content:
 - (a) *UF’s privacy protection policies for patients*
 - (b) *Federal Trade Commission rules and regulations*
 - (c) *Other federal and state laws*
 - (d) *Procedures for fundraising*

E. PROCEDURES

1. Privacy General Awareness: Self-Directed Training

- a) *Access the appropriate on-line Training Program through the University of Florida Privacy web site: <http://privacy.health.ufl.edu>;*
- b) *Choose HIPAA & Privacy – General Awareness Training, Privacy & Information Privacy – HIPAA for Researchers, or HIPAA at UF – Privacy and Security for Visitors and Vendors.*

UNIVERSITY OF FLORIDA
INFORMATION PRIVACY POLICIES & PROCEDURES
HEALTH INFORMATION OPERATIONAL GUIDELINES

- c) *Successfully complete the training module to register. Visitors and other persons who do not have a UFID number assigned to them should use a pseudo-number.*
- d) *Print the Certificate of Completion, if desired or needed, and place it in the individual's personnel file or with other pertinent documentation. Certificates are accessible online for viewing or printing at any time, as needed.*

2. Policies and Procedures Training: Included in orientation to any new position. Supervisors are responsible for:

- a) *Presenting or coordinating the employee's attendance at, or completion of, necessary Level Two Privacy and Security training, either as on-the-job, self-directed, or classroom instruction, as appropriate.*
- b) *Documenting the amount of training presented and including the record in the individual's personnel file.*

3. Specialty Training: Self-Directed Tutorials

- a) *Research and Information Privacy - Mandatory*
 - (1) Before beginning any human subject research activities, access the on-line HIPAA for Researchers program through the University of Florida Privacy web site: <http://privacy.health.ufl.edu> (click on Training).
 - (2) Successfully complete the training to register and print the certificate.
 - (3) Retain the certificate in personal records for production, if needed.
- b) *Notice of Privacy Practices – Optional*
 - (1) Access the on-line tutorial through the University of Florida Privacy web site: <http://privacy.health.ufl.edu>; (click on Training).
 - (2) Complete the tutorial, register, and print the certificate. Maintain the certificate in personal records or personnel file.
- c) *Disclosure Tracking System – Mandatory for designated personnel*
 - (1) Before applying for access to UF's On-Line Disclosure Tracking System, access the on-line Disclosure Tracking Tutorial through the University of Florida Privacy web site: <http://privacy.health.ufl.edu> (click on Disclosure Tracking).
 - (2) Complete the tutorial, register, and print the certificate. Maintain the certificate in personal records or personnel files.

F. REFERENCES:

HIPAA: 45 CFR §164.308 (a)(5)(i) (Security Training), §164.530(b) (Privacy Training)

G. EXHIBITS: None