



# Harris County Hospital District

## **POLICY AND REGULATIONS MANUAL HIPAA ADMINISTRATIVE POLICY**

Privacy Officer, Roles and  
Responsibilities

Policy No: 3.11.101  
Page Number: 1 of 7

Effective Date: 06/26/03  
Board Motion No: 03.6-268

**TITLE:           PRIVACY OFFICER, ROLES AND  
RESPONSIBILITIES**

**PURPOSE:**

The purpose of this policy is to define the roles and responsibilities of the Privacy Officer(s) and the guidelines for his/her selection.

This policy supports the Harris County Hospital District's (HCHD) Health Insurance Portability and Accountability Act (HIPAA) policy and may require development of department specific procedures.

[Key Words: Privacy Officer, Protected Health Information (PHI)]

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**POLICY STATEMENT:**

The President/ Chief Executive Officer of Harris County Hospital District will determine the administrative requirements for the Privacy Officer and select a Privacy Officer(s) to oversee the development, implementation, and management of the Harris County Hospital District's privacy policies and procedures in accordance with applicable Federal and state privacy laws.

**POLICY ELABORATION:**

**I.     DEFINITIONS**

- A.     Administrator – Includes the Chief Executive Officer (CEO), Chief Operating Officer (COO), Chief Financial Officer (CFO), Chief Information Officer (CIO), Vice President (VP), Chief Nursing Officer (CNO), Administrator, Associate Administrators or designated Administrator on-call.



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- B. Authorization – Is a signed written document that allows Use and Disclosure of PHI for purposes other than Treatment, Payment or Healthcare Operations.
- C. Disclosure – The release of information outside the facility.
- D. Individually Identifiable Health Information (IIHI) – Is information, including demographic information, that:
  - 1. Is created or received by a health care provider, health plan, employer, or health care clearinghouse;
  - 2. Relates to the past, present, or future physical or mental health condition of an individual, the provision of health care to an individual; or the past, present, or future payment for the provision of health care to an individual, and
    - a. Identifies the individual; or
    - b. There is a reasonable basis to believe the information can be used to identify the individual.
- E. Protected Health Information (PHI) - is Individually Identifiable patient Health Information in any form that is created or received by a healthcare provider, and relates to the patient’s healthcare condition, provision of healthcare, or payment for the provision of healthcare.
- F. Use – With respect to Individually Identifiable Health Information, the sharing, employment, application, utilization, examination, or analysis of such information within an entity that maintains such information.



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- G. Workforce – Employees, volunteers, trainees, and other persons whose conduct, in the performance of work for a covered entity, is under the direct control of such entity, whether or not they are paid by the covered entity.

## **II. ADMINISTRATIVE REQUIREMENTS**

- A. The Privacy Officer shall be accountable for HCHD’s privacy policies and procedures and for ensuring HCHD’s compliance with the Federal and state privacy laws as outlined below:

1. Responsible for developing, implementing and managing HCHD’s policies regarding privacy (Use & Disclosure, Patient Rights and administrative requirements, including physical and administrative safeguards).

- (a) Responsible for promptly revising policies and procedures in order to:

- (i) Comply with changes of the law, including the standards, requirements, and implementation specifications, or

- (ii) Change a privacy practice that is stated in the Notice of Privacy Practices.

- (b) Responsible for making any other changes to policies and procedures at any time, provided that the changes are documented and implemented in accordance with the regulation.

2. Responsible for reviewing and revising the HCHD Notice of Privacy Practices.



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3. Responsible for receiving, investigating and responding to complaints and/or allegations of violations of HCHD privacy policies and procedures.
4. Responsible for conducting investigations into processes and procedures effecting compliance with HCHD privacy policies and procedures.
5. Responsible for developing guidelines for HCHD acceptable restrictions for Use and Disclosure of PHI and reviewing and the determination for approval or denial of requests for non-standard restrictions.
6. Responsible for monitoring and updating the HCHD HIPAA Sanction policy ensuring compliance and effectiveness.
7. Responsible for developing mitigation plans resulting from violations of Federal and state privacy laws as well as HCHD privacy policies and procedures.
8. Responsible for the development, implementation and ongoing monitoring of minimum necessary guidelines for the HCHD workforce.
9. Responsible for receiving, coordinating and complying with requests for an accounting of disclosures.
10. Responsible for receiving and administering the amendment appeals and “Statement of Disagreement.”
11. Responsible for receiving and coordinating and monitoring patient requests for “opt-out” in fundraising activities.
12. Responsible for oversight of privacy education of HCHD workforce.



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13. Responsible for receiving complaints and appeals for denials for access to a patient's designated record set and the subsequent administrative requirements.
  14. Designated as HCHD liaison to the Federal, state and local government inquiries and investigations regarding privacy policies, procedures and violations.
  15. Responsible for developing a compliance plan for those privacy policies delegated to other HCHD departments or offices.
  16. Responsible for providing assistance to HCHD departments, facilities and organizations as policies and procedures are developed and implemented.
  17. Responsible for auditing the HIPAA compliance efforts of HCHD departments, facilities and organizations.
  18. Responsible for developing an annual report for the President/ CEO to submit to the HCHD Board of Managers.
- B. The Privacy Officer shall be selected by HCHD's President/ CEO or his/her designee.
- C. In selecting the Privacy Officer, the President/CEO or designee shall take into account the candidate's qualifications, educational background, work experience, and leadership skills, including, without limitation:
1. Knowledge of the Federal and state privacy laws;
  2. Understanding of hospital operations and practices related to the implementation of privacy policies and procedures;



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3. Experience with corporate compliance process and risk management issues;
4. Ability to effectively communicate with employees, independent contractors, patients and government agencies; and
5. Strong commitment to protecting the privacy of patients' protected health information.

### **REFERENCES/BIBLIOGRAPHY:**

- Policy 3.11.000, HCHD HIPAA Policy
- Policy 3.11.102, Complaints Regarding Privacy Policies and Procedures
- Policy 3.11.103, Mitigation for Patient Privacy Violations Under HIPAA
- Policy 3.11.104, Sanctions for Failure to Comply with Privacy Policies
- Policy 3.11.204, Requests for Restricting Use and Disclosure of Protected Health Information
- Policy 3.11.302, Minimum Necessary Standard for Use and Disclosure of Protected Health Information
- Policy 3.11.303, Patient's Access to the Designated Record Set
- Policy 3.11.304, Accounting of Disclosures of Protected Health Information
- Policy 3.11.305, Patient's Request to Amend the Designated Record Set
- Policy 3.11.501, HIPAA Privacy Education
- Policy 3.11.602, Use and Disclosure of Protected Health Information for Fundraising

### **OFFICE OF PRIMARY RESPONSIBILITY:**

Office of President/CEO



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### REVISION HISTORY:

Record revisions below:

Effective Date	Version	Approved by:
04/14/03	1.0	Policy Review Committee