

University HIPAA Policy/Procedures (Effective 14 April 2003)
(Incorporates by reference B.O.R. Privacy Notice, dated 14 April 2003)

Statement of Compliance

As a unit of the University System of Georgia, Armstrong Atlantic State University is committed to upholding both the letter and the spirit of the Health Insurance Portability and Accountability Act and all complementary law regarding the use, maintenance, transfer, and disposition of personal health care information. To the extent that the University maintains such information about its students, employees, patients, and others, its officers and employees are committed to protecting the privacy and confidentiality of that information.

Procedures

The University itself is rarely, if ever, directly involved in the collection, maintenance, transmission or disposal of health records. However, to the extent that its health professions or other programs have involvement and to the extent that the University has direct operational control over any independently-contracted on-campus clinic, the following procedures will be followed.

- Employees, students, and volunteers will ensure that due care is taken at all times with regard to the handling of health records.
- Collection will be effected in an systematic and orderly manner.
- Maintenance will be characterized by
 1. Protection from inappropriate access, dissemination, alteration, or disposal.
 2. Appropriate access will be compartmentalized, with records being kept in a secure and locked location.
 3. Access allowed each person to his/her own health records in a mutually convenient manner.
 4. Challenge allowed each person to the accuracy of information in his/her own health records, such challenge being addressed to the Dean of Health Professions for any record within that school, or to the Vice President for Student Affairs for any record of a student, or to the Director of Human Resources for any record of an employee.
- Transmission will be characterized by
 1. Due diligence regarding confidentiality
 2. A record kept of each patient's revocable authorization to transmit health care information off-campus, unless the transmittal is for treatment, payment, or health care operations. See pp. 2-3 of BOR Privacy Notice for exceptions examples.
 3. A log kept of each patient's off-campus records transmittals (the log must be kept as an on-campus record for six [6] years, except that no record need be kept for transmittals for treatment, payment, or health care operations. See pp. 2-3 of BOR Privacy Notice for exceptions examples.

Disposal will be characterized by

1. Protection to ensure that only records that should be disposed of are disposed of, to include transmission logs.
2. Timeliness.
3. Protection of confidentiality of records during the disposal process.
4. Complete destruction of records as part of the disposal process. The preferred method of destruction shall be fine shredding.

Privacy of Records

Personal health records at the University are private documents, exempted from the Georgia Open Records Act, and protected under HIPAA and complementary law. All personal health records collected, maintained, transmitted or disposed of by the University or any independently-contracted on-campus clinic will be safeguarded through exercise of due care for their confidentiality and essentially private nature. The President will appoint a Privacy Officer and a campus Health Records Privacy Committee, chaired by the Privacy Officer. The Committee will be responsible for monitoring practice to ensure ongoing compliance with the privacy mandate.

Education and Training

All personnel who handle or have access to personal health records or information, or are in any way involved in their collection, maintenance, transmission, or disposal, will receive regular education and/or training, as appropriate, concerning HIPAA and complementary law, rules and regulations, with emphasis upon this policy. Personnel receiving such education and training include employees, students, and volunteers. Such education and training will be part of the orientation for each and will be ongoing.

Privacy Officer upon initial implementation of this policy:

Dr. Michael E. Price
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