

Book	Policy Manual
Section	800 Operations
Title	Privacy of Health Information (HIPAA)
Code	826
Status	Active
Adopted	May 16, 2007

Purpose

It shall be the policy of the Board to protect and safeguard the protected health information (PHI) created, acquired and maintained by the district, consistent with the Standards for Privacy of Individually Identifiable Health Information (Privacy Rule), pursuant to the Health Insurance Portability and Accountability Act of 1996 (HIPAA), any case law arising from the interpretation thereof, and applicable state laws.

For the purposes of this policy, all health information created and maintained by the district and its agents that is considered part of a student's education record under the Family Educational Rights and Privacy Act (FERPA) is not subject to this policy.[\[1\]](#)[\[2\]](#)

The Board and administration recognize that, as an employer and health plan sponsor, and a provider of health care services, certain components within its organization engage in HIPAA-covered functions and must comply with the HIPAA Privacy Rule; however, there are other components of the district that engage in noncovered functions and are not required to comply with the HIPAA Privacy Rule. Therefore, the district hereby designates itself as a Hybrid Covered Entity under HIPAA and its rules and regulations.[\[3\]](#)

Delegation of Responsibility

The Board shall designate an administrator as the district's Privacy Officer who will, with individuals appointed by the Superintendent as members of a Privacy Team, undertake the following tasks to ensure compliance with the HIPAA Privacy Rule:

1. Conduct a thorough initial assessment of all existing policies, procedures, and practices for creating, maintaining, using, disclosing, and destroying health information to determine where the gaps may be with respect to meeting HIPAA and/or FERPA standards, and as to whether there are reasonable administrative, technical, and physical safeguards to protect the privacy of health information.
2. Draft, adopt, and maintain administrative policies and procedures to allow the district to meet the requirements of the HIPAA Privacy Rule as they may apply to the employee health plan and/or its other covered component(s).
3. Draft and adopt a Notice of Privacy Practices (NPP) that describes, among other things, the uses and disclosures that the district is permitted or required to make under the HIPAA Privacy Rule; its obligations under HIPAA; and the rights related thereto for employees, students, and/or other individuals who may receive services from the district's covered component(s).
4. Draft and adopt HIPAA-compliant written authorizations to use or disclose PHI for purposes unrelated to treatment, payment, health care operations, and other designated purposes under the HIPAA Privacy Rule.

5. Identify business associates and enter into business associate agreements with all third parties and access PHI when providing services on behalf of the district in relation to its employee health plan and/or health care provider components.
6. Establish a training program for all members of the district workforce on HIPAA and the Board's policies and procedures, as necessary and appropriate for said employees to carry out their functions. Such training program shall include periodic refresher courses.

The Business Manager shall serve as the district's Contact Person/Compliant Officer. This individual will be responsible for handling complaints, which will include documenting, investigating, and the disposition thereof.

The Privacy Officer, in conjunction with the Superintendent, shall ensure the appropriate development and implementation of sanctions against those members of the workforce who fail to comply with this policy.

Guidelines

In addition to ensuring that Board policies and procedures are adopted and implemented to ensure compliance with the HIPAA Privacy Rule, the Board and administration will mitigate, to the extent possible, any harmful effects of improper disclosures of PHI and will refrain from any activity that may intimidate, threaten, coerce, discriminate against, or retaliate against an individual for exercising his/her rights under HIPAA.

This policy and any administrative procedures developed and implemented under the authority of the Privacy Officer shall replace any existing policies and procedures relating to the use and disclosure of PHI. Any separate policies and procedures relating to the use and disclosure of health information may only be maintained to the extent that they do not conflict with this policy.

- Legal
1. 20 U.S.C. 1232g
 2. 34 CFR Part 99
 3. 45 CFR Part 160