



Washington University in St. Louis

HIPAA PRIVACY POLICIES & PROCEDURES

| | |
|--|--|
| Policy Number: HPP-0023 | Policy Owner: WU HIPAA Privacy Office |
| Title: HIPAA Privacy and Information Security Training of Workforce Members | |
| Approval Date: May 1, 2024 | Approved by: HIPAA Privacy Officer |
| Effective Date: May 1, 2024 | Revision Date(s): |

Policy

HIPAA requires that WU must train relevant Workforce members on the regulatory requirements imposed by HIPAA, including WU’s related Policies and Procedures. HIPAA training materials are updated annually to reflect any changes in the law, and/or changes in WU Policies and Procedures as these relate to HIPAA compliance.

Procedure

1. Content of HIPAA Training Program. The HIPAA Training may include, but is not limited to:
 - a. An overview of the HIPAA regulations relative to the identification and protection of PHI.
 - b. A review of WU’s HIPAA Policies and Procedures.
 - c. Permissible Uses and Disclosures of PHI.
 - d. Application of WU HIPAA Policies and Procedures to Workforce members’ job responsibilities.
 - e. An explanation of PHI and the Minimum Necessary standard and how it applies to members of the Workforce.
 - f. The requirement that all Workforce members report any potential violations of WU’s Policies and Procedures or HIPAA, whether caused by a Workforce member, Business Associate, or service provider to the HIPAA Privacy Officer.
 - g. Summary of the process for reporting and handling unauthorized Disclosures.

- h. A description Individuals' to privacy and other patient rights under the HIPAA Privacy Rule, as outline in these Policies and Procedures.
 - i. Appropriate Access and Use of clinical information systems.
 - j. Other information relative to the protection and security of PHI.
- 2. **Initial Training.** All newly hired Workforce Members and Workforce Members new to a position requiring Access or exposure to PHI, shall be required to acknowledge they have completed the required HIPAA Training **within 10 days of initial employment, enrollment/placement and/or prior to access to PHI (whichever comes first).**
 - a. After a leave of absence of greater than 180 days, returning Workforce members **must complete the required HIPAA Initial training within 10 days of return to work** or prior to the Workforce members' access to PHI (whichever comes first).
 - b. *Business Associates* who participate on site in WU sponsored work or having access to PHI are encouraged but not required to complete WU HIPAA training if there is a Business Associate Agreement in place.
 - c. *Non-Appointees* who visit WU for greater than 3 days are required to complete WU HIPAA Training on the day of their first visit.
 - d. Business Unit/Department directors or managers will be required to verify and acknowledge that the new Workforce member has completed the required HIPAA Training before being allowed access or exposure to PHI.
 - e. *Medical Students.* With respect to visiting medical students participating in *Visiting Medical Student Program* at WUSM, the WUSM Office of Medical Student Education must ensure completion of WU HIPAA Training even if the student's academic department includes education regarding HIPAA in its academic curriculum.
- 3. **Recurrent Training.** WU Workforce members must complete Annual HIPAA Training. WU implements an annual renewal period every fiscal year (July 1 – June 30). For new hires who have taken HIPAA 101 training on or after July 1, will be excluded from the required annual training for the upcoming fiscal year.
 - a. Additional training required due to a material change in the training program or regulations will, at a minimum, focus on the policy changes.
 - b. Retraining may also be required as determined by the HIPAA Privacy Office, for example, as a corrective action in the event of a HIPAA Incident or to address performance concerns and/or HIPAA policy violations.
 - c. Additional, specific training for any business unit/department within WU may be developed at the request of the business unit/department.
- 4. **Ongoing HIPAA Awareness Training.** WU Workforce members will receive periodic awareness privacy and security training; such HIPAA training may include the following:
 - a. Overall privacy and security awareness.
 - b. Periodic HIPAA regulation reminders

- c. Appropriate Access and Use of clinical systems.
 - d. Business Associates and Business Associate Agreements.
 - e. Privacy and Security incident reporting.
 - f. User-specific topics necessary for ePHI security.
 - g. Ongoing training may include (without limitation) staff or departmental meetings, WU or departmental newsletters or memoranda, e-mail communications, and posters.
5. HIPAA Training for External Research Monitors. External Research Monitors who work on behalf of the research sponsor are required to take WUSTL HIPAA Training before being granted access to PHI of research subjects.
 6. Access to PHI. Access to PHI may be terminated for any Workforce member, visiting student, researcher or trainee who fails to complete WU HIPAA Training by the deadline established when the training is made available.
 7. Compliance. Because WU is required to ensure compliance with HIPAA regulations, periodic audits will be conducted to ensure compliance with training and termination of access to WU's systems for failure to complete training in accordance with this policy. Each WU Workforce Member is responsible for ensuring compliance with this training policy.
 8. Consequences of Noncompliance. Failing to comply with this policy **will be escalated as appropriate and** may result in discipline for the Individual(s) responsible for such noncompliance.
 9. Document Retention. All HIPAA training compliance documentation as well as content must be retained for a period of 6 years.

Policy Review: This policy will be routinely reviewed.