

AUGUSTA STATE UNIVERSITY HIPAA POLICY

(Health Insurance Portability and Accountability Act)

Policy Statement

Augusta State University is not a healthcare provider; however, ASU and the Board of Regents of the University System of Georgia sponsor group healthcare plans and other programs that are subject to HIPAA. On the basis of that law, privacy regulations will apply to certain protected health information.

The Institution's representatives, according to job responsibility, will be committed to protecting the privacy and confidentiality of "Protected Health Information" (PHI). ASU will fully comply with all Federal and State Laws and the Board of Regents directives regarding the use, maintenance, transfer and disposition of all healthcare information and records maintenance. Only the information that is absolutely necessary will be provided and received.

HIPAA will regulate three distinct interrelated areas – health information privacy, health information security and health information electronic transmissions. The "privacy practices" are in effect at this time. This policy will continue to be updated as targeted dates are finalized for compliance purposes.

Procedures:

ASU has adopted the following procedures to comply with present regulations. **This general Institutional Policy should be used in conjunction with the "Notice of Privacy Practices" statement (attached) which goes into further detail.** These policy statements will be on the ASU Personnel Services Website (www.aug.edu/personnel/HIPAA) and other areas as necessary.

Individual ASU departments may have specific procedural guidelines outlining administrative, physical and technical safeguards of PHI for their operations consistent with this policy. These departments include, but are not limited to Athletics (processing health information for student athletes), counseling and Testing, Personnel Services, Business Office (flexible spending accounts) etc.

Generally, ASU performs enrollment, changes in enrollment, payroll deductions, assistance in filing claims, explanation of benefits (EOB), denials, and coordination of benefits information that may be considered protected health information (PHI). This information is maintained in confidence. Specifically, ASU will not use or disclose this information for employment related actions or other decisions in connection with separate benefit plans.

PHI refers to individually identifiable health information received by ASU's group health plans and created or received by a health care provider, health plan or health care clearinghouse that relates to past, present, or future health of an individual; or the past, present, or future payment for the provisions of healthcare. Such information includes the following:

- Health status
- Medical condition
- Claims experience
- Receipt of healthcare
- Medical history
- Genetic information
- Evidence of insurability and/or disability.

ASU, related to health information, will only disclose the minimum necessary PHI to accomplish the intended purpose for which the information is being used. The following disclosures and uses are exempt from the minimum necessary requirements:

- Disclosures to the individual who is the subject of the information
- Disclosures to or request by providers for treatment and/or payment
- Disclosures made pursuant to an individual authorization
- Disclosures to the U.S. Department of Health and Human Services for enforcement purposes
- All matters related to work injuries (workers compensation)
- Uses or disclosures required by law
- Uses or disclosures required for compliance with HIPAA simplification rules

NOTE: Routine disclosures about whether an individual covered by a plan for processing a claim – where proper identification and membership numbers have been provided – may be disclosed. Also, information may be disclosed when a provider has processed a claim and requests information about the status of a claim.

PHI does not include or refer to health information received apart from a group health plan as indicated by the following:

- Workers compensation
- Short term disability
- Long term disability
- Medical information received based on the Americans with Disability Act (ADA)
- Medical information received based upon the Family and Medical Leave Act (FMLA)

Access to Information

Access to PHI will only be for group healthcare plan administration function. PHI will only be released to the minimum extent necessary to carry out basic administrative functions. Access to PHI is restricted to employees of ASU who are allowed by the job function.

ASU has appointed a HIPAA Compliance Officer (Mrs. Patricia Harris, Benefits Specialist, 737-1763).

Certain other employees are granted access to PHI to fulfill their job functions:

Outside Business Associates who are related providers of health care plans are required by law to comply with all applicable provisions of HIPAA. These obligations include:

- Using or disclosing PHI only as necessary to perform their plan functions. (This normally does not require any exchange of PHI information with ASU.)
- Binding any subcontractors with access to PHI to similar agreements

Outside persons who an individual employee has designated for purposes of exercising health information in their behalf, will be treated as personal representatives if compliant with the following:

- If, under applicable laws, a person has authority to act on behalf of an individual in making healthcare decisions

- If, under applicable laws, an executor, administrator, or other person has authority to act on behalf of a deceased person

NOTE: Qualified personal representative will be determined by privacy officer.

Administrative, Physical, and Technical Safeguards of PHI

ASU will provide administrative, physical, and technical safeguards for protected health information to prevent intentional or unintentional use or disclosure in violation of HIPAA privacy rule. Safeguards will also be applied to limit incidental uses or disclosures made pursuant to an otherwise permitted or required use or disclosure.

- Access to PHI is limited to employees whose job duties require such access. This would include the limited access use of file drawer keys, passwords and fax access.
- Paper access records containing PHI will be kept in locked cabinets in a room that will be locked when not in use.
- A designated fax machine located in a limited access area will be used for sending and receiving documents that include PHI.
- Any email containing PHI will be immediately filed in a secure area of the computer network and other copies deleted.
- Employees involved in discussion that include PHI will take reasonable measures to ensure that such discussions are not overheard.

Miscellaneous Information

- All individual records and disclosures of PHI will be maintained for six years as required by HIPAA privacy regulations starting April 14, 2003.
- ASU will not take retaliatory action against any individual filing a complaint, assisting in an investigation, or otherwise opposing an act under HIPAA privacy regulations.
- ASU or certain health insurance providers will provide notices of privacy practices to plan participants.
- ASU will discipline employees for improper access, use or disclosure of individual PHI or failures to follow HIPAA policies.
- When protected PHI is used for payment of benefits and plan operations purposes, only the minimum necessary information will be released.
- Protected health information will be secured against unauthorized access.
- Group healthcare participants have the right to request in writing access to their individual PHI maintained by ASU. Individuals may also receive copies of the information provided certain guidelines are followed.
- Group healthcare participants may request in writing the restriction of certain PHI information to be disclosed. Certain guidelines have to be followed.
- Individuals may request that PHI be amended. The request must be in writing and follow certain guidelines.
- Employees designated to work with PHI according to their job requirements will receive training and instruction on how to handle related information.
- Complaints about institution compliance requirements or other matters related to HIPAA privacy procedures should be sent in writing to the Privacy Officer.

NOTE: This Policy should be used in conjunction with HIPAA “Privacy Practices” document and certain department procedural guidelines.