

SUGAR VALLEY RURAL CHARTER SCHOOL

POLICY NUMBER: 826

SECTION: OPERATIONS

TITLE: **PRIVACY OF MEDICAL RECORDS - HIPAA**

DATE ADOPTED: DECEMBER 2008

DATE LAST REVISED:

PRIVACY OF MEDICAL RECORDS - HIPAA

PURPOSE

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

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

AUTHORITY

The school Board and administration recognize that, as an employer and health plan sponsor, and as a provider of health care services, certain components within the school engage in HIPAA-covered functions and must comply with the HIPAA Privacy Rule (hereafter the "Covered Component(s)"); however, there are other components of the school that engage in non-covered functions and so are not required to comply with the HIPAA Privacy Rule (hereafter the "non-Covered Component(s).") Therefore, the School Board hereby designates itself as a "Hybrid Covered Entity" under HIPAA and its rules and regulations

DELEGATION OF RESPONSIBILITY

The school Board of Directors will appoint a Privacy Officer, who will, with individuals appointed by the CEO 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 PHI.
2. Draft, adopt, and maintain administrative policies and procedures to allow the school to meet the requirements of the HIPAA Privacy Rule as they may apply to the employee health plan and/or its health care provider Covered Components.

3. Draft and adopt a "Notice of Privacy Practices" that describes, among other things, the uses and disclosures that the school is permitted or required to make under the HIPAA Privacy Rule, its obligations under HIPAA, and the rights related thereto for employees, and students who may receive services from the school's health care provider Covered Component. Such notice must be drafted and distributed by April 14, 2004 with respect to the employee health plan and by April 14, 2003 with respect to student services.
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, such authorization to be ready for use no later than April 14, 2004 with respect to the employee health plan and by April 14, 2003 with respect to its health care provider component(s).
5. Identify Business Associates and enter into Business Associate Agreements with all third parties that access PHI when providing services on behalf of the school in relation to its employee health plan and/or health care provider component(s).
6. Establish a training program for all members of the school workforce on HIPAA and the school's policies and procedures related thereto "as necessary and appropriate" for said employees to carry out their functions. Such a training program shall include periodic refresher courses.
7. Develop a process for handling complaints, such process to include the designation of a specific individual to handle such complaints and appropriate procedures for documenting said complaints and the disposition thereof.

The Privacy Officer, in conjunction with the CEO, shall ensure the appropriate development and implementation of sanctions against those members of the workforce who fail to comply with the administrative policies and procedures developed hereunder.

In addition to ensuring that appropriate administrative 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.

GUIDELINES

This Board policy and the administrative policies and procedures developed and implemented under the authority of the Privacy Officer 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 can only be maintained to the extent that they do not conflict with these policies and procedures