

DISTRICT COMPLIANCE RESPONSIBILITIES - HIPAA

PRIVACY OFFICER AND CONTACT PERSON

Dr. Beverly A. Smith, or successor as Associate Superintendent for Human Resources and Equity will serve as the Privacy Officer for the Health Plan and shall be responsible for the development and implementation of policies and procedures relating to privacy under the Health Insurance Portability and Accountability Act of 1996 (HIPAA).

Erica Hopper, or successor as Benefits Supervisor, will be appointed as the Contact Person for Plan participants who have questions, concerns, or complaints about the privacy of their personal health information (PHI).

EDUCATION AND TRAINING

The Waterloo Community School District will inform and educate all employees with access to PHI about its various privacy policies and procedures.

SAFEGUARDS AND FIREWALL

The Waterloo Community School District will establish, on behalf of the Plan, appropriate safeguards to prevent PHI from intentionally or unintentionally being used or disclosed in violation of HIPAA's privacy rules. Safeguards include limiting access to information by creating computer firewalls. Other safeguards include locking doors on filing cabinets. Firewalls will ensure that only authorized employees may access PHI, that they may access only the minimum amount of PHI necessary for plan administrative functions, and that they may not further use or disclose PHI.

PRIVACY NOTICE

The Privacy Officer will develop and maintain a notice of the Plan's privacy practices that describes the use and disclosure of PHI, individual's rights, and the Plan's legal duties with respect to PHI. This notice will inform Participants that the district will have access to PHI in connection with Plan administrative functions. The privacy notice will also provide a description of the district's complaint procedures, along with the name of the contact person to whom complaints may be voiced.

The Notice of Privacy Practice will be delivered to current eligible Plan Participants no later than April 14, 2004. It must also be provided to any new employee at the time of Plan enrollment and within 60 days after a material change has been made to the notice. The district shall also provide notice of availability of the privacy notice at least every three years.

COMPLAINTS

The district's Contact Person shall be the Plan's designated individual for receiving complaints and concerns. The Contact Person shall be responsible for implementing complaint procedures.

VIOLATIONS

Sanctions for using or disclosing PHI in violation of the Waterloo Community School District's HIPAA policy and related regulations will be imposed in accordance with district discipline procedures, up to and including termination.

MITIGATION OF INADVERTENT DISCLOSURE OF PHI

To the extent possible, the district shall mitigate any harmful effects from use or disclosure of an individual's PHI in violation of established policies and procedures. If an employee becomes aware of a disclosure of protected health information, the Participant shall immediately contact the Contact Person so that steps can be taken to expeditiously mitigate any harm to the Participant.

NO INTIMIDATING OR RETALIATORY ACTS – NO WAIVER OF HIPAA PRIVACY

No employee may intimidate, threaten, coerce, discriminate against, or take other retaliatory action against individuals for exercising their rights, filing a complaint, participating in an investigation, or opposing any improper practice under HIPAA. No individual shall be required to waive his or her privacy rights under HIPAA as a condition of treatment, payment, enrollment, or eligibility.

PLAN DOCUMENT

The Waterloo Community School District shall develop and maintain a Plan Document that includes provisions for describing both permitted and required district uses and disclosures of PHI for Plan administrative purposes. Specifically, the Plan Document shall require that the district:

1. not use or further disclose PHI other than as permitted by the document or required by law.
2. ensure that any agents or subcontractors to whom it provides PHI agree to the same restrictions and conditions that apply to the district.
3. not use or disclose PHI for employment-related actions or in connection with any other employee benefit plan.
4. report to the Privacy Officer any use or disclosure of the information that is inconsistent with the permitted uses or disclosures.
5. make PHI available to Plan Participants, consider their amendments and, upon request, provide them with an accounting of PHI disclosures.
6. make available the district's internal practices and records relating to the use and disclosure of PHI received from the Plan to the Department of Health and Human Services (DHHS).

7. return or destroy all PHI received from the Plan and retain no copies of such information when no longer needed for their original purpose, unless such return or destruction is not feasible, or would limit subsequent uses and disclosures.

The Plan document must also require that the district certify to the Privacy Officer that the Plan Documents have been amended to include the above restrictions and that the district agrees to those restrictions and provides adequate firewalls.

DOCUMENTATION

The Waterloo Community School District's privacy policies and procedures relative to the Plan shall be documented and maintained for at least six years. Policies and procedures must be changed as necessary or appropriate to comply with changes in the law, standards, requirements, and implementation specifications (including changes and modifications in regulations). Any changes to policies or procedures must be promptly documented.

If a change in law impacts the privacy notice, the Privacy Policy must be revised promptly and made available to employees. Such a change is effective only with respect to PHI created or received after the effective date of the notice.

The Plan and the district shall document certain events and actions relating to an individual's privacy rights.

The documentation of any policies and procedures, actions, activities, and designations may be maintained in either written or electronic form. Such documentation must be maintained for at least six years.

Legal Ref.: Health Insurance Portability and Accountability Act of 1996

ADOPTED: 2/23/04

Reviewed: 2/5/04, 2/5/09, 2/6/14