

BOARD OF REGENTS
EASTERN MICHIGAN UNIVERSITY

SECTION: 19
DATE: November 1, 2016

**RECOMMENDATION TO APPROVE
HEALTH INSURANCE PORTABILITY
AND ACCOUNTABILITY ACT**

ACTION REQUESTED

It is recommended that the Eastern Michigan University Board of Regents delete Policy 3.1.13 *Health Information Privacy* and implement the attached Policy in furtherance of the University's compliance with the Health Insurance Portability and Accountability Act ("HIPAA").

STAFF SUMMARY

The attached proposed HIPAA Policy is the result of a collaborative, cross department effort to revise, organize, and update the University's administrative policies and procedures regarding HIPAA. The new Policy clarifies the units at Eastern who are subject to HIPAA's privacy and security requirements (Eastern's "Hybrid Covered Entity"), and allows the committee to implement the results of its work, namely, a set of specific administrative policies and procedures designed in full compliance with HIPAA's privacy and security rules. The new administrative policies and procedures will, among other things, establish the position of HIPAA Privacy Director, who will act as a primary point of contact for HIPAA concerns at Eastern. They will also set out requirements for external parties who may contract as Business Associates with the Hybrid Covered Entity; establish procedures for units within the Covered Entity to issue Notices of Privacy Policies; and set out training regimens required by the statute.


FISCAL IMPLICATIONS

None.

ADMINISTRATIVE RECOMMENDATION

The proposed Board action has been reviewed and is recommended for Board approval.



University Executive Officer 
Gloria A. Hage

11.01.16

Date

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University Executive Officer
Gloria A. Hage

Date



~~Policies, Rules and Regulations~~

~~Chapter Name: Employment, Affirmative Action and Civil Rights~~

~~Chapter No. 3.1.13~~

~~Issue: Health Information Privacy~~

~~Effective Date: 12-6-12~~

~~HIPAA Protected Health Information Privacy Policy~~

~~On the basis of the Health Insurance Portability and Accountability Act (HIPAA) and other federal and state laws, privacy regulations apply to certain protected health information (PHI). Eastern Michigan University has adopted the following policy to comply with these regulations.~~

~~Protected Health Information~~

~~PHI is information that individually identifies a patient; is transmitted or maintained in any form or medium; and relates to the patient's past, present, or future:~~

- ~~• Physical or mental health condition;~~
- ~~• Provision of health care, or~~
- ~~• Payment for health care~~

~~Such health information includes health status, medical condition, claims experience, receipt of health care, medical history, genetic information, and evidence of insurability and disability.~~

~~Covered Entities at EMU~~

~~University Health Services (UHS) is the sole covered entity under HIPAA at Eastern Michigan University. To that end, UHS has:~~

- ~~• Established rules on allowable use and disclosure of PHI,~~

- ~~Granted patients certain rights with regard to their own PHI,~~
- ~~Adopted Privacy Policies and Procedures designed to protect the privacy and security of PHI.~~

~~Further, UHS must still comply with all other applicable laws, including FERPA and Michigan law.~~

~~While HIPAA does not govern health information collected by other entities at EMU, such as but not limited to employment records, education records, worker's compensation, short-term disability, long-term disability, medical information received based upon the Americans with Disabilities Act (ADA), medical information received based upon the Family and Medical Leave Act (FMLA), drug screens, pre-employment physicals, there are other privacy laws and regulations that apply to this information and EMU has established appropriate measures to protect such information.~~

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~~University Medical Privacy Policy~~

~~Eastern Michigan University will maintain all protected health information in confidence, and will comply with all federal and state laws concerning medical privacy. Under this policy:~~

- ~~PHI will be disclosed or shared on a strict need-to-know basis.~~
- ~~Any PHI will be secured against unauthorized access. These security measures will include locked file cabinets, separation of PHI from other records, password protection for computer records, and confidentiality notices.~~
- ~~This policy will be applied so as to be in compliance with the HIPAA privacy standard and any stricter state law.~~

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~~Authority for Creation or Revision:~~

~~Minutes of the Board of Regents: December 6, 2012~~

Policies, Rules and Regulations

Chapter Name: Administrative Organization and Authority

Chapter No. 2.9

Issue: Health Insurance Portability and Accountability Act

Effective Date: 11-01-2016

UNIVERSITY POLICY STATEMENT

The privacy and security of Protected Health Information (PHI) in accordance with the Health Insurance Portability and Accountability Act of 1996 (HIPAA) is of paramount importance to Eastern Michigan University (EMU).

The HIPAA regulates health care providers (Covered Entities) that electronically maintain or transmit PHI in connection with a covered transaction. HIPAA requires a Covered Entity to maintain administrative, technical, and physical safeguards for privacy and security of PHI, to appropriately train employees on these safeguards, to regularly notify patients of the entity's privacy practices, and to have clear processes for receiving complaints involving privacy, or acting on any potential breach of privacy. Entities or individuals who contract to perform services for a Covered Entity with access to PHI (Business Associates) must also comply with the HIPAA privacy and security standards by signing a Business Associate Agreement with the Covered Entity.

Four units within EMU comprise a "**Hybrid Covered Entity**" pursuant to HIPAA because each of these units meets the definition of a Covered Entity under the statute. The units within EMU's Hybrid Covered Entity are as follows:

- **University Health Services,**
- **Human Resources—Benefits,**
- **Counseling and Psychological Services (CAPS), and**
- **Autism Collaborative Center.**

Each of these units shall be subject to HIPAA's policies and procedures as articulated above.

This policy establishes an **EMU Privacy Committee** and the role of **HIPAA Privacy Director**. EMU's Privacy Committee, led by its HIPAA Privacy Director, shall establish and issue HIPAA administrative policies and procedures to ensure EMU's full compliance with HIPAA, and shall amend such policies and procedures as appropriate.

UNIVERSITY PRACTICE

HIPAA Privacy Director and Privacy Committee

HIPAA Compliance at EMU shall be regulated and enforced by a HIPAA Privacy Director, assisted by a Privacy Committee and the Legal Affairs Office. EMU's HIPAA Privacy Director shall be appointed by the President of the University to assume responsibility for developing, implementing, maintaining, and monitoring adherence to the EMU's HIPAA privacy policies and procedures, and for monitoring compliance with required training for the EMU Hybrid Covered Entity. This individual will also be

responsible for receiving complaints related to HIPAA privacy issues regarding EMU's Hybrid Covered Entity, and for receiving notice of any potential breach of privacy within the Hybrid Covered Entity.

Business Associate Agreements

Each unit comprising the EMU Hybrid Covered Entity shall enter into a written Business Associate Agreement, as required by HIPAA, with any person or entity that creates, receives, maintains, or transmits PHI on behalf of the EMU hybrid covered entity. Accordingly, the Privacy Committee, led by the HIPAA Privacy Director, shall establish and issue policies and standards for implementing contract provisions related to those individuals and organizations identified as Business Associates that may provide treatment, payment, or healthcare operations services to a unit within the EMU Hybrid Covered Entity.

Notice of Privacy Practices

Each unit comprising EMU's Hybrid Covered Entity shall issue a Notice of Privacy Practices, informing patients of the Covered Entity's legal duties and practices with respect to PHI, including notification following a breach of unsecured PHI. Each such unit shall also have a process by which any person can make a complaint regarding EMU's privacy policies, procedures, and/or practices. The Privacy Committee, led by the HIPAA Privacy Director, shall develop administrative policies and practices governing the issuance of all such notices. The HIPAA Privacy Director will also act as a point of contact for those who wish to learn more about any Notice of Privacy Practices document issued by a unit within EMU's Hybrid Covered Entity.

RESPONSIBILITY FOR IMPLEMENTATION:

The President shall delegate to the EMU Privacy Committee, as led by its HIPAA Privacy Director, the responsibilities articulated above.

SCOPE OF POLICY COVERAGE:

This policy shall apply to the entire University community – faculty, staff, visitors, patients and clients.