Health Insurance Portability and Accountability Act (HIPAA) Training

608.1   PURPOSE AND SCOPE
The purpose of this policy is to ensure all members receive proper training in recognizing and handling Protected Health Information (PHI), as set forth in the Health Insurance Portability and Accountability Act (HIPAA) and its implementing regulations (42 USC § 201 and 45 CFR 164.530).

608.1.1   DEFINITIONS
Definitions related to this policy include:

Health information - Information, whether oral or recorded in any form or medium, that is created or received by a health care provider, health plan or employer and relates to a person's past, present or future physical or mental health or condition, or past, present or future payment for the provision of health care (45 CFR 160.103).

Individually identifiable health information - Health information, including demographic information, created or received by a covered entity or employer that relates an individual's past, present or future physical or mental health or condition, the provision of health care to an individual, or the past, present or future payment for the provision of health care to an individual, that can either identify the individual or provide a reasonable basis to believe the information can be used to identify the individual (45 CFR 160).

Protected Health Information (PHI) - Individually identifiable health information that is created or received by a covered entity or employer. Information is protected whether it is in writing, in an electronic medium or is communicated orally (45 CFR 160).

608.2   POLICY
It is the policy of the Fresno County Fire Protection District to provide HIPAA privacy training to all members as necessary and appropriate for their duties, and to apply appropriate sanctions against members who violate the privacy policies and procedures (45 CFR 164.530(b) and 45 CFR 164.530(e)).

It is also the policy of the District that no member shall be retaliated or discriminated against for filing a complaint about violations of the HIPAA regulations (45 CFR 164.530(g)).

608.3   TRAINING REQUIREMENTS
To ensure confidentiality and compliance with the HIPAA regulations, the District shall provide training to all members likely to have access to PHI. The training shall be completed for all newly hired members prior to them being allowed access to PHI. Training for all current members shall also occur any time material changes are made to the district's privacy policies and procedures.

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The Training Chief shall be responsible for establishing a periodic schedule for retraining and a method of ensuring that all members acknowledge receipt of all HIPAA training (45 CFR 164.530(b)).

Training should include a review of the:

(a) District's statutory obligations imposed by HIPAA.

(b) Patient Medical Record Security and Privacy Policy, including a thorough treatment of the security procedures the District uses to protect written and electronic health information.

(c) Methods and procedures to be used during the collection of PHI.

(d) HIPAA-imposed statutory limitations on the dissemination of PHI to the family members of patients.

(e) Proper procedures when responding to media requests for information regarding incidents at which the District provided medical services.

(f) Procedures for the secure destruction of written instruments containing PHI, including handwritten field notes, pre-hospital care records or other documents containing PHI.

(g) Approved method for transferring PHI to receiving hospitals or other receiving medical facilities.

(h) Photography and Electronic Imaging Policy as it pertains to PHI.

(i) District's procedures for protecting employee health information.

608.4 TRAINING RECORDS
The Training Bureau shall be responsible for maintaining the records of all HIPAA-related training for all members for six years (45 CFR 164.530(j)).