

Policy Type: District

Policy Title: HIPAA Privacy Policy

Whom Does this Policy Affect: All District Staff

Purpose: The purpose of this policy is to keep the College compliant with HIPAA.

#### Policy Statement

It is the policy of the Monroe County Community College Employee Reimbursement Account (the "Plan") to comply with the Standards for Privacy of Individually Identifiable Health Information issued by the Secretary of Health and Human Services pursuant to the Administrative Simplification Subtitle of the Health Insurance Portability and Accountability Act of 1996 ("HIPAA"). Monroe County Community College is the sponsor of the Plan.

These policies and procedures shall be applied and interpreted in a manner that allows the Plan to comply with HIPAA.

1. The Director of Human Resources of Monroe County Community College is authorized to adopt, implement and enforce procedures consistent with these policies and to modify these policies and procedures as necessary to comply with changes in the law.
2. These policies apply only to the "covered functions" of the Plan and do not apply to non-covered functions. The covered functions are its benefit programs that provide for the pre-tax payment of uninsured medical, dental, vision, and prescription drug expenses through salary reduction. The non-covered functions are the benefit programs that provide for the payment of work-related dependent care expenses and any other benefit that is not a health plan as defined in HIPAA. Because the Plan performs both covered and non-covered functions, it elects to designate itself as a Hybrid Entity as defined in HIPAA.
3. It is the Plan's policy to maintain a firewall between the Plan and the plan sponsor to prevent the improper use by or disclosure to the plan sponsor. Only designated employees of the plan sponsor may have access to protected health information ("PHI"), as defined in HIPAA, to perform plan administration and related functions.
4. It is the Plan's policy to have a Privacy Officer, the Director of Human Resources, who is responsible for the development, implementation, maintenance of, and adherence to policies and procedures regarding the privacy of health information in compliance with the HIPAA. It is also the Plan's policy to have a HIPAA Contact Person, the Director of Human Resources, who is responsible for receiving privacy complaints and responding to requests by individuals for additional information.
5. It is the Plan's policy to train its "plan workforce" on the HIPAA Privacy Policies and Procedures. The plan workforce is only those individuals who have direct control of the plan.
6. It is the Plan's policy to provide all persons enrolled in the Plan with adequate notice of its privacy practices relating to the use and disclosure of PHI.

7. It is the Plan's policy to obtain satisfactory assurance from a business associate (e.g., legal counsel, auditors, third party administrators), as defined in HIPAA, prior to disclosing or providing access to PHI to the business associate or permitting the business associate to create PHI on behalf of the Plan.
8. It is the Plan's policy to hold members of its plan workforce responsible for failing to comply with these HIPAA Privacy Policies and Procedures.
9. It is the Plan's policy to uphold the following rights of persons enrolled in the Plan, as specified in HIPAA:
  - A. The right to inspect and obtain a copy of their PHI.
  - B. The right to request that the Plan amend their PHI.
  - C. The right to an accounting of disclosures.
  - D. The right to request that PHI be communicated by alternative means or at alternative locations.
  - E. The right to request further restrictions on uses and disclosures of PHI.
  - F. The right to file complaints concerning the use and disclosure of PHI.
  - G. The right to exercise any of the preceding rights without being subject to retaliation or intimidation.
10. It is the Plan's policy to limit the uses and disclosures of PHI to the amount reasonably necessary to achieve the purpose of the disclosure.
11. It is the Plan's policy to use and disclose PHI only with the valid authorization of the person that is the subject of the PHI, unless HIPAA permits or requires the Plan to use or disclose the PHI without an authorization.
12. It is the Plan's policy to mitigate any harmful effects from the misuse or disclosure of PHI.
13. It is the Plan's policy to implement reasonable administrative, technical and physical safeguards to protect the privacy of PHI.