

<b>POLICY AND PROCEDURE</b>	
<b>TITLE:</b> Designation of Privacy Officer and Security Officer	
<b>IMPACTED DEPARTMENT(S):</b> Compliance	<b>POLICY #:</b> HPA03
<input type="checkbox"/> Administration <input type="checkbox"/> Claims <input type="checkbox"/> Compliance <input type="checkbox"/> Customer Service <input type="checkbox"/> External Affairs <input type="checkbox"/> Facilities <input type="checkbox"/> Finance	<input type="checkbox"/> Human Resources <input type="checkbox"/> Information Technology <input type="checkbox"/> Marketing <input type="checkbox"/> Medical Management <input type="checkbox"/> Provider Networks <input type="checkbox"/> Project Management X ALL
<b>EFFECTIVE DATE:</b> 01/07/02	<b>REVIEW/REVISION DATE:</b> 04/03, 04/05, 03/12, 09/14, 05/16, 06/17, 11/18, 06/20
<b>COMMITTEE APPROVAL DATE:</b> PSOC: 06/12, 09/14, 07/16, 06/17 PRC: 06/20	<b>RETIRE DATE:</b>
<b>PRODUCT TYPE:</b> Medi-Cal	<b>REPLACES:</b>

## I. PURPOSE

The Health Plan of San Joaquin (HPSJ) shall designate an employee to serve as a Privacy Officer to develop and manage HPSJ’s activities pertaining to member’s Protected Health Information (PHI) and personal information (PI). HPSJ shall also designate a Security Officer to develop and manage HPSJ’s activities pertaining to electronic PHI (ePHI) and the ongoing management of information security policies, procedures, and technical systems in order to maintain the confidentiality, integrity, and availability of all organizational healthcare information systems. Both the Privacy and Security Officers shall do this in accordance with state and federal laws, contractual obligations and HIPAA regulations.

## II. POLICY

- A. The Privacy Officer shall manage the HPSJ activities to ensure compliance with federal and state privacy regulations pertaining to member information including, but not limited to, the Health Insurance Portability and Accountability Act (HIPAA) Privacy and Breach Notification Rules, the Confidentiality of Medical Information Act, section 56 et al (CMIA) and NCQA privacy and confidentiality functions. The Chief Compliance Officer is responsible for receiving complaints and providing information on HPSJ’s privacy practices.

- B. HPSJ shall designate an employee to serve as Security Officer. The Security Officer must manage HPSJ activities to ensure compliance with federal and state security regulations pertaining to member information including, but not limited to, the HIPAA Security Rule.

### III. PROCEDURE

- A. The Privacy Officer is responsible for the application of privacy policies as follows:
  - 1. Development and oversight of the initial implementation and subsequent revision of policies and procedures (P&P) designed to comply with relevant privacy, confidentiality and breach notification regulations, including HIPAA and CMIA. P&P will be reviewed at least annually.
  - 2. Prepare training of all permanent and temporary work force in accordance with policy for Training and Education of Workforce. Privacy Officer, or designee, shall conduct additional trainings as necessary to the HPSJ.
  - 3. Receive complaints from members and work force regarding violations privacy and security P&P.
  - 4. Create and maintain the Notice of Privacy Practices (NPP), and forms for members to use in exercising the rights described in the NPP. Assist the Customer Service department in providing clarification to members regarding their rights as defined in the NPP.
  - 5. Review all vendor contracts and ensure that any vendor receiving PHI signs a Data Use Agreement or Business Associate Agreement in accordance with contractual agreement, policies, and state and federal regulations regarding Business Associates prior to the disclosure of PHI. Only the minimum necessary PHI is disclosed in accordance with HIPAA regulations and policies related to the Use and Disclosure of Member PHI.
  - 6. Serve as Chairperson of Privacy and Security Oversight Council (PSOC) or designate the Security Officer as Chairperson.
  - 7. Oversee periodic auditing and testing of work force in an effort to measure compliance with privacy and security P&P.
  - 8. Prepare and distribute privacy and security awareness reminders to work force.
- B. The Security Officer is responsible for the application of security policies as

follows:

1. Development and implementation of P&P designed to comply with relevant security regulations, including HIPAA. Policies will be reviewed at least annually.
2. Conduct a quarterly risk assessment of systems containing ePHI.
3. Perform a periodic technical and nontechnical evaluation, based upon the security rule standards and subsequently in response to environmental or operational changes affecting the security of ePHI that establishes the extent to which HPSJ's security policies and procedures meet the requirements of the HIPAA Security Rule.
4. Serve as Chairperson of Privacy and Security Oversight Council (PSOC) if designated by the Privacy Officer.

#### **IV. ATTACHMENT(S)**

- a. [Glossary of Terms Link](#)

#### **V. REFERENCES**

- A. 45 CFR Parts §160, §162 and §164 HIPAA Regulations
- B. California Civil Code §56 - §56.37 Confidentiality of Information Act
- C. California Civil Code §1798.29 Information Practices Act of 1977
- D. Compliance Plan
- E. DHCS Contract Exhibit G
- F. Health Information Technology for Economic and Clinical Health Act (HITECH Act)
- G. HPA04 Training of Work force
- H. HPA05 Business Associate
- I. HPA36 Disclosure of Member PHI
- J. HR11 Corrective Action
- K. Knox-Keene Act §1352

#### **VI. REGULATORY AGENCY APPROVALS**

DHCS Approved on 1/27/17.

#### **VII. REVISION HISTORY**

STATUS	DATE REVISED	REVISION SUMMARY
Revised,	11/18	Brief summary explaining the changes or updates.
Review	01/16/19	PRC review, reject for content changes. Edit “staff” to “work force”
Review	02/17/20	Minor changes, included designation option for Privacy Officer. Updated title to separate Chief Compliance Officer who is also identified as the Privacy Officer. Removed Glossary Terms
Reviewed	06/20/2020	No new updates.