

CCEMS
ADMINISTRATIVE POLICY 300-16
HIPAA POLICY ON PRIVACY TRAINING

I. PURPOSE

- 1.1 To ensure that all members of Coshocton County EMS staff, including all employees, volunteers, students and trainees (collectively referred to as "staff members") who have access to patient information understand the organization's concern for the respect of patient privacy and are trained in CCEMS' policies and procedures regarding Protected Health Information (PHI).

II. POLICY

- 2.1 All new staff members will be required to undergo privacy training in accordance with the HIPAA Privacy Rule within a reasonable time upon association with the organization, as scheduled by the Education Coordinator or Director.
- 2.2 All staff members will be required to undergo privacy training in accordance with the HIPAA Privacy Rule within a reasonable time after there is a material change to CCEMS' policies and procedures on privacy practices.
- 2.3 All staff members will be required to undergo annual privacy training as a refresher of all CCEMS' Privacy Policies and review of the HIPAA Privacy Rule.

III. PROCEDURE

- 3.1 The Privacy Training will be conducted by the Director or his or her designee or by Intranet education.
- 3.2 All attendees will receive copies of CCEMS' policies and procedures regarding privacy.
- 3.3 All attendees must attend the training in person and verify attendance and agreement to adhere to CCEMS' policies and procedures on privacy practices.
- 3.4 Training will be conducted in the following manner:
- 3.4.1 Initial training will be available to all personnel on the CCEMS Intranet. This will require review of the PowerPoint presentation, review of the policies, taking and submitting the answers to a post test, printing and signing an acknowledgement of the CCEMS Policy on Privacy Practices and submission of the same to the Privacy Officer.
- 3.5 Topics of the training will include a complete review of CCEMS' Policy on Privacy Practices and will include other information concerning the HIPAA Privacy Rule, such as, but not limited to the following topic areas:
- 3.5.1 Overview of the federal and state laws concerning patient privacy including the Privacy Regulations under the Health Insurance Portability and Accountability Act of 1996 (HIPAA)
- 3.5.2 Description of protected health information (PHI)
- 3.5.3 Patient rights under the HIPAA Privacy Rule

- 3.5.4 Staff member responsibilities under the Privacy Rule
- 3.5.5 Role of the Privacy Officer and reporting employee and patient concerns regarding privacy issues
- 3.5.6 Importance of and benefits of privacy compliance
- 3.5.7 Consequences of failure to follow established privacy policies
- 3.5.8 Use of the company's specific privacy forms

Director:



Effective:

11/05/2008

Reviewed:

Revised:
