

Tulane University

DEPARTMENT: General Counsel's Office – HIPAA	POLICY DESCRIPTION: Privacy Training
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APPROVED: April 1, 2003	REVISED: May 1, 2005, December 1, 2008, May 26, 2009
EFFECTIVE DATE: April 14, 2003, May 26, 2009	POLICY NUMBER: GC-020

Tulane University Privacy Training

April 1, 2003

SCOPE OF POLICY

This policy applies to Tulane University Medical Group, its participating physicians and clinicians, and all University employees and business units who provide management, administrative, financial, legal, and operational support to or on behalf of Tulane University Medical Group and have been designated as part of the Tulane University HIPAA Health Care Component.

STATEMENT OF POLICY

All employees who are employed in the **Health Care Component** are required to complete certain training (the "Training") on HIPAA Privacy and Security if they use or disclose individually-identified health information as part of their jobs. The **Training** must be completed within the first 30 days of employment.

IMPLEMENTATION

Training will be provided to all of the Tulane University Health Care Component staff. Requirements are as follows:

1. The Privacy Official is responsible for the development and implementation of, and compliance with, privacy and training. The HIPAA Privacy Committee will act as an advisory group.
2. All members of the Tulane University Health Care Component staff will be trained on privacy policies and practices within thirty (30) days of hire date by Tulane University and thereafter, upon any material change.
3. All members of the Tulane University Health Care Component staff will be trained on privacy policies as part of their applicable orientation process.
 - a. New employees must view a HIPAA presentation approved by the Privacy Official and take a quiz.
 - b. Passing grade of 60% or better is required. If this is not achieved, then a repeat viewing of the HIPAA presentation with a retake of the quiz is required. If a passing grade of 60% or better is not achieved on the retake, then the Privacy Official will meet with the individual employee.
3. Documentation must be kept for at least six years on all members who have been trained on privacy policies and

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practices.

In order to obtain timely compliance with the Training, the Group hereby establishes the following fines for non-compliance:

- With respect to each new employee, the hiring department (the “department”) may be fined \$250 per month for each item of the Training that is not completed within the first 30 days of employment and may be fined an additional \$250 for each successive 30-day period that the item remains delinquent. Any item of the Training that has not been completed on or after the 31st day of employment in the Health Care Component is considered **delinquent** retroactive to the first day of employment in the Health Care Component.
- Fines will be collected by means of an internal transfer from the department’s nine-ledger account to the Group’s Reserve Fund.
- No fine will be imposed unless (i) the department has been given 15 days notice that the Training is due, and (ii) the Training remains delinquent on the date of the notice of fine.
- **Notices** will be sent by electronic mail to the department’s compliance liaison (or administrator if no one has been named as liaison) with copies to the administrator, chairman and affective employee when the new employee is identified as a member of a Health Care Component department and has not yet completed all mandatory training, and the subject line will identify it as a “Notice of Health Care Compliance Training” or “Notice of Health Care Compliance Sanction” as the case may be.
- The Training will be mandatory for any new employee who is part of the Health Care Component unless the department establishes in writing with the University Privacy and Contracting Office that the employee does not use or disclose individually-identified health information as part of his or her job.