SOUTHERN HIGHLANDS COMMUNITY MENTAL HEALTH CENTER

POLICY AND PROCEDURE MANUAL

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Policy 501 – Privacy Officer

I. POLICY

Southern Highlands Community Mental Health Center, in an effort to be compliant with the Privacy Rule of HIPAA's Administrative Simplification HITEC AND OMNIBUS provisions, will designate an individual to be the Privacy Officer. This person will be responsible for development, implementation and maintenance of, and adherence to the Center's policies and procedures covering the privacy of, and access to, consumer health information in compliance with federal and state laws and the Center's information privacy practices.

II. PROCEDURE

- A. The Chief Executive Officer will designate a Privacy Officer who is responsible for the development and implementation of the Center's policies and procedures with respect to the HIPAA regulations 42-CFR Part 2 and reports directly to the CEO.
- B. The Privacy Officer in cooperation with Security Officer shall be responsible for maintaining HIPAA and 42-CFR Part 2 compliance within the Center. This shall include at minimum, the following:
 - 1. Maintain a knowledge of current, applicable HIPAA 42-CFR Part 2 regulations;
 - 2. Develop and maintain written policies and procedures to ensure HIPAA compliance;
 - 3. Educate and train workforce members and other providers within the agency regarding current regulations, policies and procedures;
 - 4. Document compliance with HIPAA regulations, including workforce and other provider training;
 - 5. Receive complaints from individuals as permitted under these policies;
 - 6. Provide further information about the Notice of Privacy Practices as requested by individuals.

- C. The Privacy Officer may designate other qualified staff to fulfill some or all of these required functions. Any such delegation of duties shall be documented, along with the name of the responsible individual.
- D. If the Privacy Officer receives a complaint regarding compliance with the HIPAA regulations, he/she will determine if the complaint reveals a failure to comply and, if so, will take corrective action. Such action might include reviewing/modifying policies and procedures, additional training of providers and workforce members, recommending disciplinary measures, or other such actions as needed.