

Title:	Privacy Rule Administrative Commitments Policy	Page 1 of 3
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Department:	Organization-Wide Policy	Policy #EC-014
Approved By:	Consortium Executive Team	Effective Date: 8/17/2018
Policy Owner:	Privacy Officer	Last Reviewed: 2/16/2023

1. Purpose:

To establish general administrative safeguards for the privacy of protected health information (PHI) and related patient rights as required by the Health Insurance Portability and Accountability Act (HIPAA)'s Privacy Rule, at 45 CFR §164.530.

2. Scope:

All members of the Alaska Native Tribal Health Consortium (ANTHC) workforce, patients, and visitors to the ANTHC campus and off campus worksites.

3. Definitions:

3.1. For purposes of this policy and its implementing procedures, these terms have the following definitions.

3.1.1. Privacy Rule: the provisions of HIPAA located at 45 CFR Part 160 and Subparts A and E of Part 164, as amended from time to time.

3.1.2. Protected Health Information (PHI): all individually identifiable health information held or transmitted by ANTHC in any form or method, whether it is electronic, paper, or oral, including that information maintained in an ANTHC or Alaska Native Medical Center (ANMC) designated record set.

4. Policy:

4.1. Administrative Safeguards.

4.1.1. ANTHC has general administrative safeguards for the privacy of PHI and related patient rights.

- 4.1.2. Privacy Officer. ANTHC has a Privacy Officer responsible for ANTHC privacy policies and procedures, in accordance with the Privacy Rule at 45 CFR §164.530(a). The Privacy Officer is designated by the President/Chief Executive Officer (CEO).
- 4.1.3. Training. ANTHC trains members of the workforce on privacy policies and procedures to ensure they understand their responsibilities related to PHI, in accordance with the Privacy Rule at 45 CFR §164.530(b). The Privacy Officer and the Human Resources (HR) Department will ensure training on privacy will be provided as part of orientation for new members of the workforce, annual training programs, and as otherwise needed, in accordance with the *Fraud, Waste, and Abuse Policy* and its implementing procedures.
- 4.1.4. Safeguards. ANTHC ensures appropriate administrative, technical, and physical safeguards are put in place to protect the privacy of PHI from impermissible use or disclosures and unnecessary incidental disclosures in accordance with the Privacy Rule at 45 CFR §164.530(c) and *Electronic Health Information Security Rule Policy* and its implementing procedures.
- 4.1.5. Complaints. ANTHC provides processes to individuals who wish to complain about the privacy or security of PHI at ANTHC or ANMC in accordance with the Privacy Rule at 45 CFR §164.530(d) and the *Privacy Complaints Procedure*.
- 4.1.6. Sanctions. ANTHC has and applies appropriate sanctions against members of the workforce who do not comply with privacy policies and procedures. Where sanctions are applied, they are documented in the records of Ethics and Compliance Services or HR Department, as appropriate, in accordance with the Privacy Rule at 45 CFR §164.530(e) and applicable HR policies and procedures.
- 4.1.7. Mitigation. ANTHC mitigates, to the extent practicable, any harmful effects related to an inappropriate use or disclosure of PHI or to any other failure to comply with privacy policies and procedures, in accordance with the Privacy Rule at 45 CFR §164.530(f) and the *Breach Notification Rule Policy* and its implementing procedures.



- 4.1.8. Non-Retaliation. ANTHC prohibits retaliatory action against any individual who exercises either a patient right or participates in any process intended to protect those rights, including the use of the compliant process, in accordance with the Privacy Rule at 45 CFR §164.530(g) and as described in the *ANTHC Employee Code of Conduct and Ethics* and the *Notice of Privacy Practices Procedure*.
- 4.1.9. Waiver of Rights. ANTHC does not require individuals to waive their patient rights as a condition of treatment, payment, enrollment in a health plan, or eligibility for benefits, in accordance with the Privacy Rule at 45 CFR §164.530(h) and as stated in the *Notice of Privacy Practices Procedure* and the *Patient Rights and Responsibilities Procedure*.
- 4.1.10. Policies and Procedures. ANTHC maintains and periodically revises policies and procedures regarding PHI to comply with the Privacy Rule and applicable portions of the Federal Privacy Act, in accordance with the Privacy Rule at 45 CFR §164.530(i), and the *Review and Approval of Governing Documents, Policies, Procedures, and Internal Guidance Policy*.
- 4.1.11. Documentation. ANTHC maintains, in written or electronic form, documentation of privacy practices for at least six years after their creation or last effective date, in accordance with the Privacy Rule at 45 CFR §164.530(j).

References:

- 1) *ANTHC Employee Code of Conduct and Ethics*
- 2) *Breach Notification Rule Policy*
- 3) *Electronic Health Information Security Rule Policy*
- 4) *Fraud, Waste, and Abuse Policy*
- 5) *Notice of Privacy Practices Procedure*
- 6) *Patient Rights and Responsibilities Procedure*
- 7) *Privacy Complaints Procedure*
- 8) *Review and Approval of Governing Documents, Policies, Procedures, and Internal Guidance Policy*