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| <p style="text-align: center;">The University of Texas SOUTHWESTERN MEDICAL CENTER At Dallas</p> | <p style="text-align: center;">Privacy Compliance Program Privacy Manual Section 1: Introduction Policy No: 1.1 Last Reviewed/Revised: February 1, 2008 Effective Date: April 14, 2003</p> |
| <p>Statement of Purpose and Scope</p> | |

1. Purpose. Protection of patient confidentiality is a core value of UT Southwestern. UT Southwestern is required by law and professional ethics to protect the confidentiality and integrity of patients' health information. The purpose of this Manual is to promote these goals.
2. Privacy Compliance Program. UT Southwestern has established in the UT Southwestern Handbook of Operating Procedures ("HOP"), the Privacy Compliance Program. In accordance with the requirements of the HOP, UT Southwestern adopts this *Privacy Manual*, which sets forth the policies and procedures for protecting the health information of UT Southwestern's patients, consistent with the requirements of certain privacy laws. The relevant portions from the HOP are set forth in the Appendix to this Statement of Purpose and Scope and are hereby incorporated into this Manual by reference.
3. Application to Workforce. All members of UT Southwestern's Workforce shall be familiar with and shall comply with this Manual. Workforce may not use, disclose or request patients' health information except as permitted or required by this Manual.
4. Application to UT Southwestern. This Manual only applies with respect to patient health information on the premises of or in the custody of UT Southwestern. Patient health information that is on the premises of or in the custody of another health care agency, entity or facility is the responsibility of that other agency, entity or facility.
5. Additional Implementation Procedures. All UT Southwestern departments will adopt additional implementation procedures as appropriate in the department's discretion to promote compliance with this Policy. Copies of additional departmental implementation procedures will be made available electronically via UT Southwestern's intranet or its public website. Additional implementation procedures of individual departments may not require a lesser level of privacy protection or otherwise be contrary to or inconsistent with this Policy.

**APPENDIX TO
STATEMENT OF PURPOSE AND SCOPE**

The following excerpt from the UT Southwestern Handbook of Operation Procedures is incorporated by reference into this Manual:

6.21 Privacy Compliance Program

6.21.1 Mission

It is the mission of the Privacy Compliance Program to protect the privacy and confidentiality of all individually identifiable health information created or received by UT Southwestern in accordance with the “Standards for Privacy of Individually Identifiable Health Information,” published by the Department of Health and Human Services published at 65 Fed. Reg. 82462 *et seq.* (Dec. 28, 2000), and modified at 67 Fed. Reg. 53182 *et seq.* (Aug. 14, 2002) and any state laws pertaining to individually identifiable health information privacy for which compliance oversight is deemed necessary or appropriate by the Privacy Compliance Program, including but not limited to the Texas Medical Records Privacy Act, Texas Health & Safety Code, sec 181.001 *et seq.*, as such laws may be amended from time to time (“Privacy Laws”).

6.21.2 Responsibility for Compliance

1. A Privacy Officer shall be appointed to establish, maintain and oversee a comprehensive individually identifiable health information privacy compliance program at UT Southwestern. This program will address all functions of UT Southwestern including, but not limited to, academic, clinical and research functions of the School of Medicine, the School of Allied Health Sciences, and the Graduate School of Biomedical Sciences, University Hospitals and University Clinics, as well as all administrative functions and offices. The Privacy Officer shall report directly to the Executive Vice President for Clinical Affairs.
2. The HIPAA Steering Committee shall be a multi-disciplinary oversight committee appointed by the president of UT Southwestern to oversee the efforts of the Privacy Officer to ensure compliance with the Privacy Laws and to provide guidance with regard to privacy policies and practices at UT Southwestern.
3. The Privacy Officer shall be responsible for establishing and monitoring a comprehensive compliance program that governs the creation, receipt and handling of individually identifiable health information by all departments and functions at UT Southwestern. The program shall also address issues involving UT Southwestern’s access to the individually identifiable health information of external entities for purposes of conducting business at UT Southwestern or in coordination with those external entities. The Privacy Officer shall have the following specific responsibilities:
 - a. The Privacy Officer shall develop, implement, maintain, and monitor adherence to UT Southwestern’s privacy policies and procedures pertaining to individually

identifiable health information (“Privacy Manual”). The Privacy Manual will be reviewed and approved by the HIPAA Steering Committee.

- b. The Privacy Officer shall serve as a key privacy advisor for patients, handle disputes and manage patient requests regarding their medical records.
- c. The Privacy Officer shall serve as or shall designate a contact person to provide information about matters covered by UT Southwestern’s notice of privacy practices and shall be responsible for receiving complaints related to patient privacy matters.
- d. The Privacy Officer shall serve as a member of the UT Southwestern Institutional Compliance Committee.
- e. The Privacy Officer shall periodically report progress and developments related to the compliance activities of the Privacy Officer to the HIPAA Steering Committee, the Institutional Compliance Committee and the executive administration of UT Southwestern.
- f. The Privacy Officer shall have such other duties and responsibilities as may be assigned by the Executive Vice President for Clinical Affairs from time to time.

6.21.3 Privacy Manual

1. The Privacy Manual shall be applicable to all members of UT Southwestern’s workforce. “Workforce” shall mean faculty, employees, volunteers, trainees, and students of UT Southwestern. “Workforce” may also include any vendor, contractor or other person or entity that is permitted by the Privacy Laws to be considered workforce and for whom UT Southwestern has made a workforce designation.
2. The Privacy Officer will insure that the Privacy Manual is revised in a timely fashion as necessary and appropriate to comply with changes in the Privacy Laws.
3. The Privacy Manual will set forth policies and procedures that are designed to comply with the standards, implementation specifications or other requirements of the Privacy Laws.

6.21.4 Monitoring Compliance with the Privacy Manual

Auditing activities to monitor compliance with the Privacy Manual will be conducted by the HIPAA Compliance Analyst(s) under the auspices of the Institutional Compliance Committee.

6.21.5 Privacy Violations

1. Failure on the part of any member of UT Southwestern’s Workforce to comply with the provision of this Section 6.21 or any other UT Southwestern policies and procedures pertaining to the privacy of individually identifiable health information may result in disciplinary action up to and including termination of employment or termination of the individual’s contract with UT Southwestern. Disciplinary measures will be consistent with the UT System Board of Regents Rules and Regulations and the UT Southwestern Handbook of Operating Procedures.

2. It is the responsibility of all members of UT Southwestern's Workforce to report any suspected or confirmed violations of this policy to their supervisor, the Privacy Officer, the Compliance Officer, or the Executive Vice President for Clinical Affairs.