

<p style="text-align: center;"><b>The University of Texas SOUTHWESTERN MEDICAL CENTER At Dallas</b></p>	<p style="text-align: center;"><b>Privacy Compliance Program Privacy Manual</b> Section 12: Compliance Oversight Policy No: 12.2 Last Revised: April 11, 2003 Effective Date: April 14, 2003</p>
<p><b>Office for Civil Rights Compliance Reviews and Investigations</b></p>	

**POLICY:**

UT Southwestern will promptly respond to and cooperate with the Office for Civil Rights (OCR) with regard to compliance reviews or investigations by the OCR pertaining to UT Southwestern’s compliance with the HIPAA Privacy Standards.

**PROCEDURE:**

1. Types of OCR Inquiries
  - a. Compliance Reviews. The OCR is authorized to conduct a compliance review of UT Southwestern’s policies, procedures and practices to determine whether UT Southwestern is complying with the HIPAA Privacy Standards.
  - b. Investigations. The OCR is authorized to conduct an investigation in response to a complaint filed with the Secretary regarding UT Southwestern’s compliance with its policies, procedures and practices and regarding the circumstances of any alleged acts or omissions concerning compliance.
  
2. Receipt of Notice of Compliance Review or Investigation.
  - a. Upon ~~receive~~receipt of a notice of a compliance review or investigation from the OCR by any member UT Southwestern’s Workforce, he or she shall promptly forward the notice to the Privacy Officer.
  - b. Upon receipt of a notice of a compliance review or investigation from the OCR, the Privacy Officer shall promptly notify the Office of Legal Affairs.
  
3. Response to the OCR by UT Southwestern.
  - a. Responsibility. The Privacy Officer, in coordination with the Office of Legal Affairs, will be responsible for responding to the OCR’s requests in connection with the compliance review or investigation.
  - b. Cooperation. UT Southwestern will cooperate with the OCR in conducting the compliance review or investigation.
  - c. Provide Records and Compliance Reports. In coordination with the Office of Legal Affairs, the Privacy Officer will keep such records and submit such compliance reports, in such time and manner and containing such information, as the OCR may determine to be necessary to enable the Secretary to ascertain

whether UT Southwestern has complied or is complying with the applicable requirements of the HIPAA Privacy Standards.

- d. Permit Access to Information. The Privacy Officer will permit access ~~to-by~~ the OCR during normal business hours to UT Southwestern's facilities, books, records accounts and other sources of information~~-,~~ including PHI, that are pertinent to ascertaining compliance with applicable requirements of the HIPAA Privacy Standards. If the OCR determines that exigent circumstances exist, such as when documents may be hidden or destroyed, a covered entity must permit access by the OCR at any time and without notice.
  - e. Information of Others. If any information required of UT Southwestern is in the exclusive possession of any other agency, institution or person and the other agency, institution or person fails or refuses to furnish the information, UT Southwestern will certify this fact to the OCR and set forth what efforts it has made to obtain the information.
  - f. Attorney Client Privilege. ~~When t~~The Privacy Officer ~~will not provide-identifies~~ documents or communications that ~~are-may be subject to the attorney client privileged.~~ ~~If the Privacy Officer identifies any attorney client privileged documents,-,~~ he or she will contact the Office of Legal Affairs for a determination of privilege.-
4. Reports of Compliance Reviews and Investigations. The Privacy Officer will report (i) the occurrence of (ii) the progress of and (iii) any written findings of, a compliance review or investigation to the HIPAA Steering Committee and the Institutional Compliance Committee.

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**LEGAL REFERENCES:**

45 C.F.R. 160.304, 308, 310