
**University of Wisconsin Madison
Policy and Procedure**

Policy Number: 6.3
Policy Title: Use of and Safeguards for Protected Health Information by UW-Madison Internal Business Support Personnel
Effective Date: April 14, 2003
Last Revision Date: September 25, 2014
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I. Policy

UW-Madison is committed to protecting the privacy and security of individually identifiable health information obtained in the course of providing clinical care, in accordance with the HIPAA Privacy Rule and the HITECH regulations. UW-Madison has designated certain units of campus that function in whole or in part as health care providers as its Health Care Component under HIPAA.

Certain other individuals or units of campus provide business support functions for or on behalf of the health care units within the Health Care Component. These individuals or units are part of the Health Care Component when providing those support services. All units included within the Health Care Component, including those providing business support functions, must comply with the relevant requirements of the HIPAA Privacy Rule.

This document outlines the permitted uses and disclosures of, and the required safeguards for, protected health information held by UW-Madison personnel providing business support functions to other units.

II. Definitions

- A. **Disclosure:** The release, transfer, provision of access to, or divulging in any manner of PHI by an individual within the HCC or ACE with a person or entity outside the HCC or ACE.
- B. **HITECH:** The Health Information Technology for Economic and Clinical Health Act, enacted as part of the American Recovery and Reinvestment Act of 2009, to promote the adoption and meaningful use of health information technology.
- C. **Internal Business Support Personnel:** An individual or unit of the UW-Madison campus that provides business support functions involving PHI for other campus units that function as health care providers, both of which have been designated as part of the UW HCC.

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- D. Unit: A unit of the UW-Madison campus that has been designated as part of the UW-Madison Health Care Component.
- E. Protected Health Information (“PHI”): Health information or health care payment information, including demographic information, that identifies the individual or can be used to identify the individual. PHI does not include student records or employment records. PHI may take any form, including written, oral, and electronic form.
- F. Use: The sharing, employment, application, utilization, examination, or analysis of PHI by an individual within the UW HCC or the UW ACE
- G. UW-Madison Health Care Component (“UW HCC”): Those units of the UW-Madison that have been designated by the University as part of its health care component under HIPAA. For a complete list of the campus units that comprise the Health Care Component, refer to UW-Madison Privacy Policy # 1.1 “Designation of the UW-Madison Health Care Component”.

III. Procedures

- A. Policies and Procedures. Each internal business support person must comply with UW-Madison’s HIPAA Privacy and Security Rule policies and procedures.
- B. Training of Employees. Each internal business support personnel must take HIPAA training on an annual basis as prescribed by UW-Madison. Refer to Privacy Policy #9.1 “HIPAA Privacy Training Policy” for more information about training.
- C. Permitted Uses and Disclosures of PHI.
 - 1. Employees who are internal business support personnel may *use* PHI received from or on behalf of a unit for those business support functions which they perform on behalf of other units.

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2. Employees who are internal business support personnel may *disclose* PHI received from or on behalf of a unit only for the purposes for which the PHI was received, and only as further permitted by the HIPAA Privacy Rule.
3. If an internal business support personnel needs to use or disclose PHI for any other purpose, it may do so only as described below:
 - a. It obtains written permission (known as an “authorization”) from each individual whose PHI it seeks to use. See Privacy Policy #3.2 “Uses and Disclosures Requiring Authorization” for more information regarding authorizations.
 - b. The use or disclosure is of the type that does not require an authorization. See Privacy Policy # 3.3 “Uses and Disclosures Not Requiring Authorization” for a list of uses and disclosures that are exempt from the requirement to get authorization. Contact the UW-Madison HIPAA Privacy Officer if necessary for clarification.
 - c. The information is de-identified. See Privacy Policy #5.1 “De-Identification of Protected Health Information” for instructions on what is considered “de-identified” information.

D. Handling Violations.

1. Reporting. Each internal business support person must report any security incident of which it becomes aware, including breaches of unsecured PHI as outlined in Privacy Policy #8.8 “Notification and Reporting in the Case of Breach of Unsecured Protected Health Information”.
2. Sanctions. Internal business support personnel who violate UW-Madison’s Privacy and Security Rule policies regarding the protection of PHI will be subject to sanctions. See Privacy Policy

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#9.2 “Employee Compliance with HIPAA Policy” for more information on the sanctions process for employees.

2. Mitigation of Harm. When an internal business support person discovers a violation of policies regarding the protection of PHI, or a breach of unsecured PHI, the internal business support person must take steps to mitigate any harmful effect the violation or breach has had or will have on the individual that is the subject of the PHI.
- E. Tracking of Certain Disclosures of PHI. Each internal business support person must keep a record of certain disclosures of PHI as described in Privacy Policy #7.1 “Requests by Patients for An Accounting of Disclosures”.

IV. Document Requirements

- Records tracking certain disclosures of PHI.

V. Forms

None.

VI. References

- 45 C.F.R. § 160.103 (HIPAA Privacy Rule)
- 45 C.F.R. § 164.501 (HIPAA Privacy Rule)
- 45 C.F.R. § 164.502 (HIPAA Privacy Rule)
- 45 C.F.R. § 164.504(a)-(c) (HIPAA Privacy Rule)
- 45 C.F.R. § 164.514(d) (HIPAA Privacy Rule)
- 45 C.F.R. § 164.528 (HIPAA Privacy Rule)
- 45 C.F.R. § 164.530(b), (c), (e), (f), (i) (HIPAA Privacy Rule)

VII. Related Policies

- Policy Number 1.1 “Designation of UW-Madison Health Care Component”

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- Policy Number 3.2 “Uses and Disclosures Requiring Authorization”
- Policy Number 3.3 “Uses and Disclosures Not Requiring Authorization”
- Policy Number 5.1 ”De-Identification of Protected Health Information”
- Policy Number 9.1 “HIPAA Privacy Training Policy”
- Policy Number 9.2 “Employee Compliance with HIPAA Policy”

VIII. For Further Information

For further information concerning this policy, please contact the UW-Madison HIPAA Privacy Officer or the appropriate unit HIPAA Privacy Coordinator or sub-Coordinator. Contact information is available within the “Contact Us” tab at hipaa.wisc.edu.

Reviewed By

Chancellor
Chancellor’s Task Force on HIPAA Privacy
UW-Madison HIPAA Privacy Officer
UW-Madison Office of Legal Affairs

Approved By

Interim HIPAA Privacy and Security Operations