I. Policy

UW-Madison requires that all “covered” individuals, as described in this document, are trained regarding their obligations under HIPAA once before accessing protected health information and at least on an annual basis thereafter.

This document describes the HIPAA Privacy and Security Rule training requirements at UW-Madison.

II. Definitions

A. Covered Employees and Agents: Covered employees and agents means employees, employees-in-training, and volunteers employed in or assigned to a unit within the UW-Madison Health Care Component, as well as the entire School of Medicine and Public Health and the entire School of Pharmacy regardless of whether they are within the UW-Madison Health Care Component.

   o For purposes of this policy, the term “employee” as described above includes students in their role as employees (e.g., student hourly, student assistant). For example, a student who is employed as a student hourly to answer phones in a clinical department would be considered an employee for purposes of this policy.

B. Covered Students: Covered students means students who have access to PHI in their role as participants in a clinical health professional training program within a unit of the UW-Madison Health Care Component. For example, nursing students who are assigned to a clinical experience in University Health Services as part of their educational program would be considered covered students for purposes of this policy.

C. Protected Health Information (“PHI”): Health information, or healthcare payment information, including demographic information, which identifies the individual or can be used to identify the individual. PHI does not include student records held by educational institutions or employment records held by employers.

D. UW-Madison Health Care Component (“UW HCC”): Those units of the University of Wisconsin-Madison that have been designated by the University as part of its health care component under HIPAA. See Privacy Policy # 1.1
III. Procedures

A. HIPAA Privacy and Security Training of Covered Employees, Agents and Students

1. Training shall be provided prior to giving the employee, agent or student access to PHI. This training is required by federal HIPAA regulations.

2. Retraining shall occur at least annually, or sooner whenever there are material changes in HIPAA regulations or whenever the campus or individual units determine it is necessary to ensure compliance with HIPAA regulations.

3. HIPAA training must be provided in a format that is accessible to persons with disabilities and those who are not fluent in English.

4. A record of each covered person’s successful completion of training (and retraining) must be retained as specified below in section IV. Each UW HCC unit Privacy and Security Coordinator shall submit quarterly to the UW-Madison Privacy and Security Officers a report of training compliance. The Privacy and Security Coordinators for the School of Medicine and Public Health and School of Pharmacy shall submit reports for the entire School.

5. Web-based training for clinical and research settings will be provided by UW-Madison. Specific training for each clinical setting within the UW HCC is the responsibility of the HCC unit’s Privacy and/or Security Coordinator(s) appointed by the dean or division director.

6. Any additional training as described in III.A.5. above that is developed by the UW HCC unit must be developed in consultation with the UW-Madison Privacy and Security Officers to ensure UW-Madison’s compliance with the law.
7. With respect to students participating in a clinical health professional training program within the UW HCC, the UW HCC unit Privacy and Security Coordinators must ensure HIPAA training even if the student’s academic department includes education regarding HIPAA in its academic curriculum.

B. HIPAA Privacy Training for Students Participating in a Clinical Health Professional Training Program at a non-UW-Madison Health Care Facility

The training of students who have access to PHI at health care facilities outside UW-Madison as part of their academic program is the responsibility of the health care facility unless there is a contractual agreement between the facility and UW-Madison requiring otherwise. Information is available for this purpose at the hipaa.wisc.edu website within the “Training” tab.

C. PHI Access for Covered Employees, Agents and Students

1. Employees, agents and students cannot have access to PHI unless they have successfully completed HIPAA training.

2. Access to PHI shall be terminated whenever the employee’s, agent’s or student’s responsibilities no longer require such access e.g., termination of employment, reassignment of duties or graduation.

3. Each UW HCC unit’s Privacy and/or Security Coordinator(s) is responsible for implementing the access policy.

D. Compliance

Because UW-Madison is required to ensure compliance with HIPAA regulations, periodic audits will be conducted.

E. Curriculum Content

While this policy requires the UW HCC units to train students with access to PHI in their facility, it is not the intent of this policy to dictate the inclusion of HIPAA
requirements in the curriculum of academic departments. That is solely an academic decision.

IV. Documentation Requirements

Documentation of the training provided under this policy must be maintained in a written or electronic record for each individual trained. These records must be retained for six years from the date of its creation or the date when it was last in effect, whichever is later.

V. Forms

None.

VI. References

• 45 CFR 164.530(b)
• 45 CFR 164.530(j)

VII. Related Policies

None.

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
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Interim HIPAA Privacy and Security Operations Committee