

HIPAA Policy 5026

Reporting Protected Health Information (PHI) Compliance Issues

Responsible Office	Office of the Provost	Effective Date	04/14/03
Responsible Official	Privacy Officer or Deputy Privacy Officer(s)	Last Revision	12/16/16

Policy Sections	2
5026.1 Reporting issues to the Chief Privacy Officer or Deputy Privacy Officer(s).....	2
5026.2 Preventing or reporting issues of retaliation or harassment to the University Privacy Officer or Deputy Privacy Officer(s).....	2
5026.3 Reporting issues to the Office of Patient Advocacy (OPA) for Yale School of Medicine.....	2

Scope

This policy applies to the University's Covered Components and those working on behalf of the covered components, designated as such for purposes of complying with the privacy provisions of the Health Insurance Portability and Accountability Act of 1996. The Covered Components are: (1) the Group Health Plan Component; and (2) the Covered Health Care Component, which includes the School of Nursing, the Department of Psychology clinics, Yale Health and the School of Medicine (except the School of Public Health and the Departments of Cell Biology, Cellular and Molecular Physiology, Comparative Medicine, History of Medicine, Immunobiology, Microbial Pathogenesis, Molecular Biophysics & Biochemistry, Neurobiology, Pharmacology, and WM Keck Biotechnology Resources Laboratory).

Policy Statement

As a general matter, questions or concerns about HIPAA compliance issues should be reported in one of four ways:

- directly to the individual creating the issue;
- to one of the school/departmental Deputy Privacy Officers in the School of Medicine, Yale Health, School of Nursing, Department of Psychology or the Benefits Office; or
- in writing to the University Privacy Officer

Anyone, including employees, students, trainees and patients, who in good faith express concerns relating to HIPAA compliance issues must not be subjected to retaliation or harassment as a result of raising the concern. In no circumstance will a patient or health plan member be asked to waive their right to complain to the Secretary of the US Department of Health and Human Services regarding the University's HIPAA compliance or their rights under the Breach Notification Rule. Concerns about possible retaliation or harassment should be reported to the University Privacy Officer. All Yale University policies and procedures are to be followed to ensure that there is no retaliation or harassment.

Reason for the Policy

This policy is designed to provide patients, faculty, staff, students, trainees, and volunteers a variety of ways to report possible confidentiality/security violations regarding the use or disclosure of PHI and/or to report medical or patient related complaints associated with services offered by the University's Covered Components. Individuals may vary in the method in which they prefer to report possible concerns, therefore a variety of options have been put into place.

Definitions

Protected Health Information (PHI)

Any individually identifiable health information, including genetic information and demographic information, collected from an individual, whether oral or recorded in any form or medium that is created or received by a covered entity (Yale School of Medicine (excluding the School of Public Health, the Animal Resources Center, and the basic science departments: Cell Biology, Cellular and Molecular Physiology, Comparative Medicine, History of Medicine, Immunobiology, Microbial Pathogenesis, Molecular Biophysics & Biochemistry, Neurobiology, Pharmacology and WM Keck Biotechnology Resources Laboratory), Yale School of Nursing, Yale Health, Department of Psychology Clinics and the Group Health Plan component)

PHI encompasses information that identifies an individual or might reasonably be used to identify an individual and relates to:

The individual's past, present or future physical or mental health or condition of an individual; OR

The provision of health care to the individual; OR

The past, present or future payment of health care to an individual.

Information is deemed to identify an individual if it includes either the patient's name or any other information that taken together or used with other information could enable someone to determine an individual's identity. (For example: date of birth, medical records number, health plan beneficiary numbers, address, zip code, phone number, email address, fax number, IP address, license numbers, full face photographic images or Social Security Number see [Policy 5039](#) for a list of [HIPAA Identifiers](#))

PHI excludes individually identifiable health information in education records covered by the Family Educational Right and Privacy Act (FERPA) (records described in 20 USC 1232g(a)(4)(B)(iv)) and employment records held by a covered entity in its role as employer. PHI also excludes information related to individuals who have been deceased for more than 50 years. (see also definitions of "health information" and "individually identifiable health information")

(See [HIPAA Glossary](#) for complete list of terms)

Policy Sections

5026.1 Reporting issues to the Chief Privacy Officer or Deputy Privacy Officer(s)

Faculty, staff, students, trainees, volunteers, and patient are encouraged to report issues to his/her supervisor or clinician. However, if the individual prefers, he/she may contact the Deputy Privacy officer in the unit where the question or issue arises. Issues may also be reported directly to the University Privacy Officer.

All inquiries transmitted directly to a Privacy Officer must be promptly documented and forwarded to the University Privacy Officer for monitoring of the investigation and resolution. Upon the complainant's request, his or her anonymity will be preserved to the extent practicable.

5026.2 Preventing or reporting issues of retaliation or harassment to the University Privacy Officer or Deputy Privacy Officer(s).

To ensure that PHI is protected and possible issues are investigated and resolved, employees must be encouraged to identify questions and concerns. Anyone who expresses concerns in good faith must not be subjected to retaliation or harassment as a result of raising the concern. Concerns about possible retaliation or harassment must be reported to the University Privacy Officer.

5026.3 Reporting issues to the Office of Patient Advocacy (OPA) for Yale School of Medicine.

The Yale Medical Group provides opportunities for patients and others to file complaints on any medical or patient related issue associated with the services offered by Yale School of Medicine through the Office of Patient Advocacy (OPA). The Office of Patient Advocacy will respond to all complaints where contact information is provided.

The Office of Patient Advocacy will investigate all complaints as thoroughly as possible. All complaint information, including follow up and resolution will be documented and maintained for a period of six (6) years.

Related Information

Policy [5143](#): Responding to Information Security Incidents

Contacts

Subject	Contact	Phone
HIPAA Compliance	HIPAA Privacy Office	203-432-5919
Information Security	Central Campus Help Desk	203-432-9200
	Medical School Campus Help Desk	203-785-3200

Roles and Responsibilities

Office of the Provost

responsible for University compliance issues including HIPAA

Office of General Counsel

interprets HIPAA regulations; reviews and approves all HIPAA related contracts including contracts with Business Associates or for research contracts

University Information Security Officer

individual responsible for overseeing information security and ensuring compliance with security requirements of HIPAA

Chief HIPAA Privacy Officer

individual responsible for overseeing and ensuring HIPAA compliance throughout Yale University; coordinates compliance related activities through the following deputies in each of the covered schools, departments, or other entities:

- Deputy Privacy Officer, School of Medicine
- Deputy Privacy Officer, School of Nursing
- Deputy Privacy Officer, Yale Health Services
- Deputy Privacy Officer, Yale Health Plan/Benefits Office
- Deputy Privacy Officer, Department of Psychology Clinics

Procurement Office

identifies Business Associates and ensures appropriate contracts in place

Grants & Contracts Administration

Responsible for negotiating data use agreements and research related contracts.

Institutional Review Boards (HIC, HSC, HSRRC)

Responsible for review and approval of waivers of authorization for research purposes.

Revision History

April 11, 2003 Reporting issues to the telephone service deleted

Revised 9/26/2011, 1/14/2014

The official version of this information will only be maintained in an on-line web format. Any and all printed copies of this material are dated as of the print date. Please make certain to review the material on-line prior to placing reliance on a dated printed version.
