



<b>POLICY/GUIDELINE TITLE:</b> HIPAA Privacy and Security Officer Designation	<b>ADMINISTRATIVE POLICY AND PROCEDURE MANUAL</b>
<b>POLICY #:</b> 800.18	<b>CATEGORY:</b> Compliance and Ethics
<b>System Approval Date:</b> 9/14/17	<b>Effective Date:</b>
<b>Site Implementation Date:</b> 10/27/17	<b>Last Reviewed/Approved:</b> 01/21/16
<b>Prepared by:</b> Office of Corporate Compliance Information Services	<b>Notations:</b> N/A

**GENERAL STATEMENT of PURPOSE**

To identify the Health Insurance Portability and Accountability Act of 1996 (HIPAA) Privacy and Security Officer as required by HIPAA and to outline assigned privacy and information security roles and responsibilities.

**POLICY**

It is the policy of Northwell Health (Health System) to identify a HIPAA Privacy and Security Officer, who will be a Health System employee who is responsible for coordinating compliance with the HIPAA Privacy and Security Rules as defined by the Code of Federal Regulations.

**SCOPE**

This policy applies to all Northwell Health employees, as well as medical staff, volunteers, students, trainees, physician office staff, contractors, trustees and other persons performing work for or at Northwell Health; faculty and students of the Hofstra Northwell School of Medicine conducting research on behalf of the School of Medicine on or at any Northwell Health facility; and the faculty and students of the Hofstra Northwell School of Graduate Nursing and Physician Assistant Studies.

**DEFINITIONS**

N/A

## **PROCEDURE/GUIDELINES**

### **HIPAA Privacy and Security Officer Responsibilities**

1. The HIPAA Privacy and Security Officer is an employee who is responsible for the development and implementation of the policies and procedures required to comply with the HIPAA Privacy and Security Rules as defined by the Code of Federal Regulations. Such individual shall hold the designations of both “HIPAA Privacy Officer” and “HIPAA Security Officer” for the Health System, unless the positions are held by more than one individual as provided below.
2. The Senior Vice President and Chief Corporate Compliance Officer or his or her designee(s) is designated the HIPAA Privacy Officer and HIPAA Security Officer for the Health System. The designation of such individual(s), if other than Senior Vice President and Chief Corporate Compliance Officer, shall be recorded in the minutes of the Executive Audit and Corporate Compliance Committee.
3. The HIPAA Privacy and Security Officer shall oversee and coordinate with the Health System’s Information Services and the Corporate Security and Support Services departments and other applicable department’s personnel in connection with implementation of the Health System’s policies and procedures related to privacy and security.

### **HIPAA Privacy Officer Duties:**

1. The HIPAA Privacy Officer shall coordinate the development and implementation of the policies and procedures required by the Privacy Rule. The HIPAA Privacy Officer oversees and assists in the system-wide implementation of compliance with HIPAA, is responsible for receiving and investigating privacy complaints, oversees training regarding compliance with the Privacy Rule, and leads the effort to respond to breaches, including notification to regulatory and other external entities and patients, as required by law.
2. In the event the Senior Vice President and Chief Corporate Compliance Officer does not serve as the HIPAA Privacy Officer, the HIPAA Privacy Officer reports to the Senior Vice President and Chief Corporate Compliance Officer.
3. Each facility within the Health System has a designated Compliance Director and Privacy Officer who shall coordinate with the Health System’s HIPAA Privacy Officer to handle HIPAA privacy matters within the relevant facility. Each facility Compliance Director and Privacy Officer directly reports to the Senior Vice President and Chief Corporate Compliance Director or his or her designee.

### **HIPAA Security Officer Duties:**

1. The HIPAA Security Officer shall coordinate compliance with the Security Rule

including leading the effort to respond to breaches, including notification to regulatory and other external entities and patients, as required by law. The HIPAA Security Officer shall coordinate his or her activities with the Chief Information Security Officer (CISO) or his or her designee(s), who shall have the responsibility for developing and implementing policies and procedures required by the Security Rule and supporting the development of the training curriculum for the Health System’s workforce related to the Security Rule.

2. The HIPAA Security Officer also shall coordinate his or her activities with the CISO or his or her designee(s), who shall have the responsibility for developing and implementing Health System information system safeguards required by the Security Rule. The CISO shall report to the HIPAA Security Officer as to the information system safeguards implemented in accordance with the HIPAA Privacy and Security Rules.
3. The HIPAA Security Officer shall coordinate his or her activities with the Vice President of Corporate Security and Support Services or his or her designee, who shall have the responsibility for developing and implementing applicable physical safeguards contemplated by the Security Rule. The Vice President of Corporate Security and Support Services shall report to the HIPAA Security Officer as to the physical security safeguards implemented in accordance with the HIPAA Privacy and Security Rules.

**REFERENCES to REGULATIONS and/or OTHER RELATED POLICIES**

Health Insurance Portability and Accountability Act, 45 CFR Parts 160, 162 and 164

**CLINICAL REFERENCES/PROFESSIONAL SOCIETY GUIDELINES**

N/A

**ATTACHMENTS**

N/A

**FORMS**

N/A

<b>APPROVAL:</b>	
System Administrative P&P Committee	7/27/17
System PICG/Clinical Operations Committee	9/14/17

Standardized Versioning History:

\*=Policy Committee Approval; \*\* =PICG/Clinical Operations Committee Approval

\*10/25/12 (provisional); \*11/29/12 (final); \*\*12/13/12

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