

1 Health Information Privacy and Security (HIPAA)

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4 Contact: [Thielen Student Health Center](#)

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16 Introduction

17 Iowa State University (ISU) is committed to protecting the privacy and security of personal health
18 information concerning our employees and students. This policy is designed to assure ISU's
19 compliance with all applicable federal and state laws and regulations that require an individual's
20 personal health information to be kept confidential and private. It is the result of a comprehensive
21 review performed by the HIPAA Compliance Task Force.

22 Applicable Laws and Regulations

23 Personal health information is required to be kept confidential and private under a number of federal
24 and state laws and regulations. For example,

- 25 • Iowa Code Chapter 22.7(2) addresses the confidentiality of public hospital, medical and
26 professional counselor records;
- 27 • Iowa Code Chapter 228 addresses the disclosure of mental health and psychological
28 information;
- 29 • The Family Educational Rights and Privacy Act (FERPA), 20 U.S.C. §1232(g) and 34 CFR Part
30 99 address the confidentiality of student education records; and
- 31 • The Health Insurance Portability and Accountability Act (HIPAA), 42 U.S.C. 1320(d) and 45 CFR
32 Parts 160 and 164 address the confidentiality of patient health information and records.

33 Although the development of this policy has been motivated by HIPAA and its accompanying
34 regulations, Iowa State University health care providers have always had policies and procedures
35 that addressed the confidentiality of personal health information. Since there are numerous state and
36 federal laws and regulations that apply to the confidentiality and privacy of personal health
37 information, this policy intends to bring together in one comprehensive policy the commitment ISU
38 has for compliance with those federal and state laws and regulations. This is true whether the
39 personal health information is protected by HIPAA, FERPA, other state or federal laws and
40 regulations, or a combination of federal and state laws and regulations.

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42 Policy Statement

43 It is the policy of ISU to comply with all federal and state laws and regulations that require personal
44 health information of our employees and/or students to be kept confidential and private.

45 **Hybrid Entity**

46 Since the primary mission of ISU is education, and only part of our activities include covered
47 functions under the final HIPAA Privacy Rule, ISU has determined that it is a hybrid entity for
48 purposes of HIPAA. The ISU hybrid entity will have two parts. First is the Health Care Provider
49 component that contains the departments that provide health-related services. The second is the
50 Health Plan component that includes certain health plans within the ISU Benefits Office that are self-
51 insured, are determined to be covered by the HIPAA regulations, and must therefore comply with
52 HIPAA.

53
54 The ISU Health Care Provider component includes the following units:

- 55 • Thielen Student Health Center;
- 56 • Thielen Student Health Center Pharmacy;
- 57 • ISU Student Counseling Service;
- 58 • Cyclone Sports Medicine/Physical Therapy; and
- 59 • ISU Athletic Training.

60 The ISU Health Plan component includes:

- 61 • The self-insured ISU Plan including the Indemnity, PPO and HMO plans;
- 62 • The Basic and Comprehensive Dental plans; and
- 63 • The Medical Reimbursement Flexible Spending Account program.

64 There are also administrative support units within ISU that provide assistance to our designated
65 Health Care Provider component and designated Health Plan component. These support units are
66 part of the ISU hybrid entity and include:

- 67 • Information Technology Services;
- 68 • Accounts Receivable;
- 69 • Internal Audit;
- 70 • University Counsel; and
- 71 • Risk Management.

72 In the process of developing this policy, all departments within ISU were reviewed by the HIPAA
73 Task Force to determine whether or not they should be included within the ISU hybrid entity.
74 Although the following departments occasionally would come in contact with or maintain personal
75 health information about an employee or student in departmental records, it was determined that
76 these departments are not to be designated as part of the ISU hybrid entity:

- 77 • Dean of Students;
- 78 • Student Accessibility Services (SAS);
- 79 • Employee Assistance Program (EAP);
- 80 • Facilities, Planning and Management;
- 81 • Family and Marriage Therapy Clinic;
- 82 • Kinesiology;
- 83 • University Human Resources;
- 84 • Lied Fitness Center;
- 85 • Occupational Medicine;
- 86 • Department of Public Safety;
- 87 • Procurement Services;

- 88 • Student Financial Aid;
- 89 • Student Health Insurance;
- 90 • Treasurer; and
- 91 • Workers' Compensation Program.

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93 **Office for Responsible Research**

94 Special attention to the Office for Responsible Research was given by the HIPAA Task Force.
95 Although it does not provide covered functions under HIPAA, it has the important responsibility of
96 educating researchers about the impact of HIPAA on human subjects research.

97 ISU does conduct some research that involves personal health information of the research subjects.
98 Research that involves human subjects is reviewed and approved by the Institutional Research
99 Board (IRB) at ISU.

100

101 In the context of human subject research, personal health information of our employees and
102 students is protected by the federal "common rule" under which the ISU IRB must operate. The
103 Office for Responsible Research and the IRB at ISU are not designated as part of our hybrid entity.
104 The Office for Responsible Research will be responsible for educating researchers conducting
105 human subjects research to comply with HIPAA regulations involving privacy and security of the
106 personal health information of the human subjects that are the focus of their research. This generally
107 requires that an appropriate authorization be obtained from the subject of the research unless the
108 IRB has determined that a waiver of the authorization requirement is appropriate.

109

110 The Office for Responsible Research and the IRB will provide education to researchers about the
111 appropriate elements of an authorization for use in human subject research. They also can provide
112 researchers with information about how to seek personal health information from health care
113 providers by using that authorization, a limited data set agreement or, if the data sought is
114 preparatory to their research, obtaining de-identified information. However, the ultimate
115 determination of when disclosure will be made in these circumstances, and the final review and
116 approval of disclosure pursuant to an authorization, will be made by the health care provider that
117 possesses the personal health information of the research subject.

118 **Health Information Privacy Officer**

119 The Health Information Privacy Officer at ISU is responsible for development and implementation of
120 policies, procedures and educational programs that will assure compliance with the various federal
121 and state laws and regulations that require personal health information to be kept confidential and
122 private. This person will provide leadership to the overall management of ISU's health information
123 privacy compliance and will chair the ISU Health Information Privacy Compliance Committee.

124 The Health Information Privacy Officer shall have the responsibility and authority to:

- 125 • Develop and implement the ISU Policy and Procedures concerning the privacy and security of
126 personal health information of ISU employees and students as determined by the ISU Health
127 Information Privacy Compliance Committee.
- 128 • Provide oversight of privacy practices within the ISU designated health care provider
129 components.
- 130 • Receive and investigate complaints concerning the use and disclosure of personal health
131 information by the ISU designated health care provider components.
- 132 • Develop and implement an organization-wide training program in collaboration with the ISU
133 designated health care provider components.

- 134 • Review, update and improve, where necessary, the policies and practices of the ISU designated
135 health care components as they relate to the privacy of personal health information of our
136 employees and students.

137 The Health Information Privacy Officer for ISU is the Director of the Thielen Student Health Center.
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139 The Health Information Privacy Officer will be assisted by a Health Information Privacy Compliance
140 Committee, as described in Section 7. In addition, the director of each ISU health care provider shall
141 designate an employee to be the contact person for health information privacy within the
142 department. That person will act as the liaison for the department to the Health Information Privacy
143 Officer. The ISU Office of University Counsel will provide legal advice to the Health Information
144 Privacy Officer.

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146 **Health Information Security Officer**

147 ISU has determined that the responsibility for the security of health information on campus should be
148 placed with the Information Technology Services department since most of the personal health
149 information that must be kept secure will exist electronically.

150
151 The Health Information Security Officer is responsible for development and implementation of
152 policies, procedures and educational programs that will assure that each designated health care
153 provider and the ISU Benefits Office have in place appropriate administrative, technical and physical
154 safeguards to protect the privacy of the personal health information of our employees and students.
155 In addition, the director of each ISU health care provider and the ISU Benefits Office shall designate
156 an employee to be the contact person for health information security within the department. That
157 person will act as the liaison for the department to the Health Information Security Officer.

158
159 The Health Information Security Officer will be a permanent member of the Health Information
160 Privacy Compliance Committee. The Health Information Security Officer for ISU is the person from
161 Information Technology Services who is responsible for information technology involving medical
162 records at the Thielen Student Health Center.

163 **Health Information Privacy Compliance Committee**

164 To assist in assuring that the personal health information of our employees and students is kept
165 confidential and private, a permanent committee, the Health Information Privacy Compliance
166 Committee, is formed. The chair of this committee shall be the Health Information Privacy Officer.
167 Other members of the committee shall include:

- 168 • The Health Information Security Officer.
169 • A person from each ISU health care provider who has the responsibility within the designated
170 health care component for privacy policy and procedures or security policy and procedures. This
171 person shall be designated by the director of the respective health care provider.
172 • A person designated by the ISU Benefits Office.
173 • A person designated by the Office for Responsible Research.
174 • A person designated by the ISU Office of University Counsel.

175 The persons designated to be liaisons to the Health Information Security Officer will not be members
176 of the Health Information Compliance Committee but could be invited to provide advice to the
177 Committee on any security related issue.

178
179 The responsibility of this committee is to provide advice and support to the Health Information
180 Privacy Officer and assist in developing, monitoring, implementing, and revising ISU's policy and
181 procedures requiring confidentiality and privacy of the personal health information of our employees

182 and students. The Committee is delegated the authority to develop the specific details of ISU policy
183 and procedure to assure compliance with health information privacy laws and regulations.

184 **Notice of Privacy Practices**

185 ISU shall have two specific Notices of Privacy Practices. One will apply to the designated health care
186 providers within our hybrid entity, and the other will apply to our health plans within the ISU Benefits
187 Office (see Resources below).

188
189 It is the responsibility of the Health Information Privacy Officer and the Health Information Privacy
190 Compliance Committee to monitor and review the privacy practices and procedures described in the
191 Notice of Privacy Practices, make revisions as necessary, and communicate any revised notice to
192 our employees and students, as required by various federal and state laws and regulations.

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194 **Resources**

195 **Links**

- 196 • [Employee Benefits](#)
- 197 • [Code of Federal Regulations \(CFR\)](#)
- 198 • [Family Educational Rights and Privacy Act \(FERPA\), 20 U.S.C. §1232\(g\)](#)
- 199 • [FERPA, U.S. Department of Education](#)
- 200 • [Health Information Privacy Compliance Committee](#)
- 201 • [Health Insurance Portability and Accountability Act \(HIPAA\)](#)
- 202 • [Institutional Review Board \(IRB\)](#)
- 203 • [Iowa Code](#)
- 204 • [Office for Responsible Research](#)
- 205 • [Student Records](#)
- 206 • [Thielen Student Health Center](#)
- 207 • [University Counsel](#)
- 208 • [Notice of Privacy Practices for ISU Healthcare Providers \[PDF\]](#)

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