	PCHP HIPAA Privacy and Confidentiality Piedmont Community Health Plan	
	Name:	PCHP.PV.101 HIPAA Privacy Policies and Procedures
	ID Number:	PCHP.PV.101
	Start Date:	02/01/2016
	Approval Date:	07/04/2016
	Review Date:	07/04/2018
	Approved By:	Garland Morton/CentraNotes

Body

Policy Name: HIPAA Privacy Program and Policies and Procedures

Scope: Entire Piedmont workforce

Purpose: All of Piedmont's Privacy Policies and Procedures set forth our obligations to protect the privacy of certain individual health information that we create, receive, or maintain as a plan sponsor of individual and group health plans, to ensure compliance with the Health Insurance Portability and Accountability Act of 1996 (HIPAA), the HIPAA Final Rule and other federal regulations. (The scope of this "Purpose" statement applies to all Piedmont HIPAA Privacy Policies and Procedures and will not be repeated in each policy.)

Definitions & Acronyms:

- CFR: Code of Federal Regulations
- CMS: Centers for Medicare & Medicaid
- CPC: Centra Policy Committee
- FWA: Fraud, Waste & Abuse
- HIPAA: Health Insurance Portability and Accountability Act of 1996
- PBM: Pharmacy Benefit Manager
- P&Ps: Policies and Procedures

Piedmont: "Piedmont" collectively refers to Piedmont Community Health Plan (PCHP), Piedmont Community HealthCare (PCHC) and any future entities that are owned, affiliated with and/or operated by Piedmont.

See Policy PCHP.PV.102 for a complete list of definitions that apply to all of Piedmont's HIPAA Privacy Policies and Procedures.

Policy:

1. Piedmont will implement policies and procedures that are reasonably designed to ensure compliance with the HIPAA standards, requirements and implementation specifications.
2. Piedmont will monitor changes to HIPAA and will promptly revise its policies and procedures and, if required, its Notice of Privacy Practices.
3. Piedmont will maintain documentation required for HIPAA compliance for a period of at least 6 years from the date of its creation or the date when it was last in effect, whichever is later.
4. Piedmont designates the Compliance Officer as the HIPAA Privacy Official, overseeing all ongoing activities for the development, implementation, and maintenance of and adherence to Piedmont's Privacy Policies and Procedures.
5. The Compliance Officer, or it's designees, has the following responsibilities within the organization:
 - A. Developing, implementing, monitoring and updating the HIPAA Privacy Policies and Procedures

- (including the Notice of Privacy Practices) to reasonably ensure compliance with HIPAA standards and requirements;
- B. Receiving, documenting, tracking, and investigating complaints about Piedmont's privacy practices;
 - C. Training workforce members on HIPAA privacy policies and procedures;
 - D. Monitoring Piedmont's compliance with its HIPAA privacy policies and procedures and developing and instituting appropriate corrective action plans;
 - E. Analyzing, investigation, and responding to reports of data breaches and other privacy concerns in compliance with federal and state laws and regulations;
 - F. Maintaining documentation of Policies and Procedures required for HIPAA compliance for a period of at least 6 years.
 - G. In the absence of the Compliance Officer, one of the managers or other designated staff members will implement the appropriate Policy and Procedures.
6. Knowledge of a violation or potential violation of these policies must be reported directly to the Compliance Officer or to a manager.
7. Piedmont may not intimidate, threaten, coerce, discriminate against, or take other retaliatory action against any individual for:
- A. The filing of a complaint with the Secretary of HHS;
 - B. Testifying, assisting, or participating in an investigation, compliance review, proceeding, or hearing;
 - C. Opposing any unlawful act of practice.
8. Members of the workforce who violate these policies will be subject to disciplinary action up to and including termination, **established in Policy PCHP.PV.132 – Sanctions.**

Equipment: None

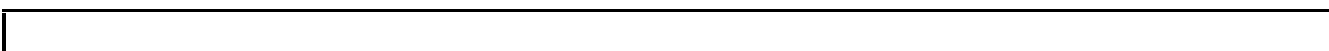
Forms and Letters: None

Reference(s): 45 CFR Part 164 § 164.530

Interdisciplinary Review: None

Date	Revision No.	Reason for Change	Sections Affected
04/14/2003	NEW		All
09/23/2013	1.0	<ul style="list-style-type: none"> • Updated policy to new format. • Provided more detailed clarification and included changes/updates from the HIPAA Omnibus Rule effective 9/23/13. 	All
2/6/16	1.1	<ul style="list-style-type: none"> • Converted to centra format 	
6/30/16	2.0	<ul style="list-style-type: none"> • Converted all procedure language into policy, now policies 4, 5, 6, 7 • Updated references to current policy names/numbers 	

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Attachment Manager

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