



## EL PASO COMMUNITY COLLEGE PROCEDURE

For information, contact Institutional  
Effectiveness: (915) 831-6740

### **FJ-5 Health Information Privacy for Instructional Programs**

**APPROVED:** June 8, 2012  
**REVISD:**  
Year of last review: 2021  
**AUTHORIZING BOARD POLICY:** FJ

Classification: Administrative

Vice President or Associate Vice President: Vice President of Instruction and Workforce Education

Designated contact: Dean or Director of the Program

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**OBJECTIVE:** To provide guidelines for control of health information about students, faculty\*/staff, and clients obtained by instructional programs in order to be compliant with the Health Information Portability and Accountability Act (HIPAA).

#### **PROCEDURE:**

#### **I. General Provisions**

- A. Definition: The Health Information Portability and Accountability Act (HIPAA) protects an individual's identifiable information and also sets standards regarding electronic transmission of health information. HIPAA limits the ability of healthcare entities, students enrolled in clinical courses, and faculty/staff to share an individual's protected health information without the individual's permission. There are three components to health privacy for consideration.
  - 1. Privacy rules include comprehensive compliance programs within privacy policies and procedures, identification of a privacy officer and privacy training.
  - 2. Transaction rules cover the transfer of information whether electronic, facsimile, paper copy or verbal transmission of information.
  - 3. Security rules dictate standards for securing the transmission of protected health information.
- B. El Paso Community College, while remaining accountable under the Family Education Rights and Privacy Act (FERPA), which governs student privacy, must also adhere to HIPAA to protect health information of its students and clients, whether on-campus clients or off-campus clients in clinical affiliates. This makes EPCC a hybrid entity under HIPAA, both an institution of higher education and a healthcare agency.

#### **II. Process**

- A. An individual will be appointed as the HIPAA Compliance Officer. Contact information will be posted in a public location at all sites where clinical training and health information is maintained: Rio Grande Border Health Clinic, Cosmetology, Massage Therapy, etc.
- B. Guidelines for students, staff, and faculty to deal with private health information of patients and clients.
  - 1. Students, faculty, and staff, who are handling patient/client records, whether paper or electronic medical records (EMR) which contain private health information, must complete an on-line HIPAA training program annually.
    - a. A copy of the certificate of training must be provided by students to the Program Coordinator annually.
    - b. A copy of the certificate of training must be provided by faculty and staff to the immediate supervisor annually.

**\*Note: The word "faculty" denotes instructors, counselors and librarians.**

2. Students, faculty, and staff are allowed to discuss private health information of assigned patients/clients among themselves if in a controlled area.
  3. Students, faculty, and staff are allowed to access health records of assigned patients/clients and to add appropriate documentation to those records in accordance with course requirements.
  4. Students, faculty, and staff are NOT allowed to discuss private health information outside of class/clinical assignments. Violation will result in disciplinary action as appropriate to the situation upon review and recommendation to the supervisor by the HIPAA Compliance Officer.
  5. Students, faculty, and staff are NOT allowed to remove health records from the secure premises of the clinical site. Violation will result in disciplinary action as appropriate to the situation upon review and recommendation to the supervisor by the HIPAA Compliance Officer.
  6. On-campus clinic records of patients/clients will be maintained in a secure room with a locked filing system.
  7. Students and faculty assigned to an off-campus clinical or externship site will adhere to the policies and procedures of the assigned facility.
- C. Guidelines for faculty and staff to deal with private health information of students and staff.
1. Student or staff health records must be maintained in a locked file separate from other instructional records. Violation will result in disciplinary action as appropriate to the situation upon review and recommendation to the supervisor by the HIPAA Compliance Officer.
  2. Faculty and staff may discuss individual student or staff health records with appropriate faculty or staff of the College in consultation in order to interpret specific items within the record as it applies to program requirements. Any other sharing of health information is considered a violation and may result in disciplinary action as appropriate to the situation upon review and recommendation to the supervisor by the HIPAA Compliance Officer.
  3. Records may not be transmitted to an entity or individual outside the College without student permission. Violation will result in disciplinary action as appropriate to the situation upon review and recommendation to the supervisor by the HIPAA Compliance Officer.
  4. Students, faculty, and staff are NOT allowed to remove health records from the campus. Violation will result in disciplinary action as appropriate to the situation upon review and recommendation to the supervisor by the HIPAA Compliance Officer. Any intentional violation could be also punishable by law dependent on its severity. Legal consequences could include jail time and/or financial fine.

### III. Violations and consequences

- A. Any complaint regarding handling of health information will be investigated by the HIPAA Compliance Officer. The written recommendation of the HIPAA Compliance Officer will be forwarded to the appropriate Dean/Director for further action.
- B. Accidental violations are usually resolved by a review of the incorrect action, retraining, and implementation of any appropriate corrective action. If the violation recurs, additional disciplinary action may be required.
- C. Intentional violation. Failure to protect personal health information will result in severe disciplinary action, to include possible written reprimand, suspension or termination of students, faculty, or staff.