

CHELAN-DOUGLAS RSN/PIHP POLICY AND PROCEDURE MANUAL		Chapter:	1.4.2.19
Title:	HEALTH INSURANCE PORTABILITY AND ACCOUNTABILITY ACT	Page:	1 of 3
		Date Effective:	April 14, 2003
Subject:	Training of the Workforce	Date Revised:	October 14, 2011
		Authorizing Signature:	

AUTHORITY: Authorizing Source: RCW 70.02 45 CFR 164 (HIPAA)

SCOPE: This policy applies to Chelan-Douglas Regional Support Network/Prepaid Inpatient Health Plan (CDRSN/PIHP) and its contractors (agencies/providers), and subcontractors (referred to as contractors or agencies or providers throughout this policy).

PURPOSE: The Chelan-Douglas Regional Support Network, in compliance with the Privacy Rules of HIPAA's Administrative Simplification provisions, sets out, in this policy, the requirements for workforce training in our privacy practices.

DEFINITIONS: See 1.3.2.0

POLICY: The Chelan-Douglas Regional Support Network will train all of our workforce members (full and part time employees, interns, and volunteers) in our privacy practices, in accordance with the CDRSN Privacy Practices training plan.

All workforce members who join the CDRSN will receive their privacy training as part of their orientation to the CDRSN and upon change to CDRSN privacy practices, as determined by the Privacy Officer.

Whenever there are material changes to our privacy practices, the Privacy Official will determine the workforce groups affected by the changes and coordinate the training of those groups.

All trainings presented will be documented as to content and attendance.

Workforce members who fail to attend their assigned trainings will be subject to sanction for breach of privacy practices in accordance with the Chelan-Douglas Regional Support Network's Personnel Policy.

PROCEDURE

HIPAA training will be incorporated into the existing training vehicles the organization has including:

- The annual training plan
- Orientation
- Compliance Training

General Requirements

1. All training curriculum developed on privacy practices or the Privacy Rules must be approved by the Privacy Officer.
2. Attendance will be taken at all trainings and attendance logs will be maintained.
3. Attendees will be asked to complete evaluations of all trainings. The evaluations will be reviewed by the trainer or training committee and changes to the curriculum will be made based on these evaluations.
4. All handouts will include information on how to contact the Privacy Officer and where to get additional information.
5. Copies of all attendance logs, handouts, slides and curriculum, and evaluations will be kept in the files of the Privacy Officer/designee for six years from the date of the training.
6. Internal audits of personnel files will occur on a regular basis to monitor compliance with training.
7. Workforce members who fail to attend training may be subject to the agencies Progressive and Corrective Discipline policy.

Training New Staff

All new staff will be trained on the agency's privacy practices and the HIPAA Privacy Rule within 30 days of employment.

On-going Training

1. Any major changes to the organization's privacy practices or changes to the Privacy Rule that will result in material changes to policy and procedure will require the development and implementation of a training plan by the Privacy Officer. This plan may focus on specific programs or can be agency-wide in scope depending on the changes required.
2. The training methods can vary with the content and can include workshops, self-study modules, on-line training, staff meetings, and so forth. The trainings should be completed within 30 days after the implementation date for the changes.
3. The Privacy Officer may develop on-going reminders of the organization's privacy practices through poster campaigns, memos, and newsletters.

SEE ALSO: