

**Department of Public Health and Human Services– Policy**



<b>Category:</b>	<i>Public Health and Safety Division</i>
<b>Policy:</b>	<i>HIPAA and Confidentiality Training for PHSD Staff Policy</i>
<b>Policy Number</b>	<i>(optional)</i>

**1. PURPOSE**

To ensure that all employees of PHSD are familiar with federal HIPAA Privacy policies and procedures and Montana privacy statutes as they apply to Protected health Information (PHI) held by PHSD and MT DPHHS.

**2. POLICY**

All employees of PHSD will participate in the HIPAA and Confidentiality Training provided as part of New Employee Orientation by the Office of Human Resources of the Department of Public Health and Human Services. Programs within PHSD may provide additional training specific to their data sets and programmatic needs, but this training does not superseded the requirement for employees to attend HR orientation and training.

**3. SCOPE**

This policy applies to all PHSD employees.

**4. RESPONSIBILITY**

It is the responsibility of immediate supervisors to ensure that new employees participate in the HIPAA and Confidentiality Training provided as part of New Employee Orientation by the Office of Human Resources of the Department of Public Health and Human Services.

Documentation of completion of training and of employees signing the MT DPHHS Confidentiality agreement is logged with the HIPAA Privacy Officer of the Quality Assurance Division of the MT.

**5. DEFINITIONS**

The Health Insurance Portability and Accountability Act of 1996 (HIPAA) requires the protection and confidential handling of Protected Health Information. These requirements are set out in the Privacy Rule, 45 CFR [Part 160](#) and Subparts A and E of [Part 164](#).

Protected Health Information (PHI) is all individually identifiable health information, in any form or media, whether electronic, paper, or oral. PHI includes all information, including demographic data, that relates to the individual’s past, present or future physical or mental health or condition; the provision of health care to the individual; or the past, present, or future payment for the provision of health care to the individual; and that identifies the individual or for which there is a reasonable basis to believe it can be used to identify the individual. Individually identifiable health information includes but is not limited to many common identifiers (e.g., name, address, birth date, Social Security Number).

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Administrative Requirements of HIPAA include workforce training for all employees, volunteers, trainees, and contractors.

**6. RELATED DOCUMENTATION**

- 6.1 <http://www.hhs.gov/ocr/privacy/hipaa/understanding/training/>
- 6.2 <http://ours.hhs.mt.gov/hipaa/index.shtml>
  - MT DPHHS HIPAA Policy 001. Privacy of Protected Health Information
  - MT DPHHS HIPAA Policy 002. Uses and Disclosures of Protected Health Information
  - MT DPHHS HIPAA Policy 003. Minimum Necessary
  - MT DPHHS HIPAA Policy 007. HIPAA Administrative Requirements
  - MT DPHHS HIPAA Policy 008. Documentation and Record Retention
- 6.3 MT DPHHS *Information Security and Data Access Policy*, August 2004.
- 6.4 <http://ours.hhs.mt.gov/hipaa/hipaatraining.shtml>, MT DPHHS HIPAA training materials

**7. RELATED FEDERAL OR STATE GUIDANCE (IF APPLICABLE)**