

TITLE

Requirements of Designated Health Care Components

PURPOSE

The University of Arizona (UA) is a “Hybrid Entity” as defined by 45 CFR § 164.103. Pursuant to UA’s Privacy, Security and Breach Notification Policy, UA has established “Health Care Components” and implemented a procedure whereby those elements of UA that are “Covered Entities” or “Business Associates” are designated as UA Health Care Components (HCCs).

Requirements for all HCCs: HCCs must protect the confidentiality, availability and integrity of Protected Health Information (PHI) that is in their possession. This is accomplished by:

- Implementing local operating policies and procedures that are consistent with UA HIPAA Policies and Procedures and the HIPAA Privacy, Security and Breach Notification Rules (hereinafter collectively referred to as “HIPAA”);
- Training Workforce members regarding the HCC’s policies and procedures established to protect PHI;
- Implementing HIPAA-compliant technical, physical and administrative safeguards, with the assistance of UA’s Information Security Officer;
- Monitoring compliance with the HCC’s policies and procedures;
- Implementing corrective actions and improvements as necessary;
- Documentation; and
- Other steps as necessary, as determined by the UA HIPAA Privacy Program in coordination with the HCC.

REVIEW/REVISIONS

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- 06/2015

REFERENCES AND RELATED FORMS

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- Capitalized terms are defined in HIPAA Privacy Program Guidance (Definitions of Key Words) and 45 CFR Parts 160 and 164

STANDARDS

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1. Required Procedures: Procedures established by HCCs must be consistent with the UA HIPAA Policies and Procedures and address the following items:
 - A. Obligations to protect PHI;
 - B. Use and Disclosure of PHI;
 - C. The Minimum Necessary Rule;
 - D. Notice of Privacy Practices;
 - E. Authorizations;
 - F. Training requirements for the Workforce;

- G. Accounting For Disclosures of PHI;
- H. Breaches and reporting breaches;
- I. Patient access to records and other patient rights;
- J. Complaints and investigations; and
- K. Mitigation and corrective action in response to breaches or other violations.

Special Note: Subject to consultation with and review and approval of the HIPAA Privacy Program, HCCs may establish additional procedures to assure that they are taking reasonable steps to protect PHI within their possession.

2. Coordination with the HIPAA Privacy Program: HCCs will coordinate with the UA HIPAA Privacy Officer and Information Security Officer to develop appropriate internal procedures and training, in compliance with the UA Privacy, Security, and Breach Notification Policy and Procedures.
 - A. HCC's local procedures must comply with the UA HIPAA Policies and Procedures and HIPAA standards that may be established from time to time by the HIPAA Privacy Program.
 - B. HCCs must report instances of non-compliance to the HIPAA Privacy Program and cooperate fully with any investigations that the Privacy Program and/or Information Security Office may conduct.
 - C. Reports may be made via the form on the HIPAA website (<http://rgw.arizona.edu/compliance/hipaa-privacy-program>) or by emailing PrivacyOffice@email.arizona.edu.