

<b>BLOOMSBURG AREA SCHOOL DISTRICT Policy Manual</b>
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Section: OPERATIONS

Title: HEALTH INSURANCE PORTABILITY AND  
ACCOUNTABILITY ACT  
(HIPAA)

Date Adopted: 15 March 2004

Date Last Revised: 13 July 2015

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**826. HEALTH INSURANCE PORTABILITY & ACCOUNTABILITY ACT  
(HIPAA)**

1. Purpose:

The Bloomsburg Area School District (“the District”) self insures a group health plan, Central Susquehanna Region School Employee’s Health and Welfare Trust, (“the Plan”), which provides health benefits to eligible participants and beneficiaries. The District also receives ACCESS money from the Commonwealth of Pennsylvania for health services provided to special education students. The Health Insurance Portability and Accountability Act of 1996 (HIPAA) is a federal law that mandates privacy protections for certain health information, called Protected Health Information (not to include information contained in an Educational Record protected by Family Educational Rights and Privacy Act (FERPA). HIPAA restricts the uses and disclosures of this Protected Health Information (PHI) to certain functions or as otherwise permitted or required by law.

The District has the duty to establish procedures and rules to comply with applicable law. In that capacity, the District adopts this policy to comply with the Privacy Rule mandated by the Health Insurance Portability and Accountability Act of 1996.

The Privacy Policies and Procedures apply to all of the district employees who use, disclose, request, or access PHI. District employees include employees, volunteers, trainees, and other persons whose conduct, in the performance of work for the District, is under direct control of the District, whether or not the person is paid by the District.

PHI is individually identifiable health information (not to include information contained in an educational record protected by Family Educational Rights and Privacy Act (FERPA) created, maintained, or transmitted in any form or medium, such as written, electronic and oral communication, by a covered entity.

Individually identifiable health information is information created or received by a health care provider, health plan, employer, or health care clearinghouse that identifies directly

or reasonably could be used to identify an individual, living or deceased, and that relates to the past, present or future:

- A. physical or mental health or condition of the individual,
- B. provision of health care to the individual, or
- C. payment for the provision of such health care.

A covered entity is a health plan, health care clearinghouse, or a health care provider who transmits health information in electronic form in connection with a regulated electronic transaction standard set.

These privacy policies and procedures are effective April 14, 2004. The District reserves the right to amend its privacy policies and procedures at any date in the future and will make any revisions in writing.

Definitions: To the extent not defined in this policy, the definitions of capitalized terms are the same as those set forth in the HIPAA Privacy Rule.

- .2 Authority: (45 CFR } 160.101-160.312; 45 CFR} 164.102-164.106; 45 CFR } 164.500-164.530)

In accordance with HIPAA of 1996 the district affords its eligible employees, beneficiaries and students HIPAA privacy rights and protections as set forth in this policy.

- .3 Delegation and Responsibility:

The Superintendent or designee shall develop procedures addressing the district's compliance with law. The implementation of the procedures is the responsibility of the Superintendent or designee, and these procedures must adhere to the basic principles of law.

- .4 Guidelines for Administrative Requirements: (45 CFR } 164.530(a)

Privacy officer/contact person: The District will maintain a specific designated person to be the District's privacy officer. The privacy officer has the responsibility for the development, implementation, and maintenance of the District's privacy policies and procedures.

The District will maintain a specific designated person to be the District's contact person. The contact person is responsible for:

- A. receiving complaints concerning the privacy policies and procedures,
- B. receiving complaints concerning compliance with the privacy policies and procedures or with the requirements of the privacy rule generally,
- C. and, providing further information about matters covered by the District's notice of privacy practices.

.41 Training for District Employees:

The District is responsible for developing a training program so that all district employees who use, disclose, request, or access PHI receive training on the privacy policies and procedures, as necessary and appropriate to carry out their functions on behalf of the Plan.

Thereafter, new district employees or district employees who take on new responsibilities will receive appropriate training if they use, disclose, request, or access PHI. The training will occur within a reasonable period after the person joins the workforce or takes on the new responsibilities.

District employees who use, disclose, request, or access PHI and who are affected by a material change in the privacy policies and procedures will be retrained within a reasonable period of time after the material change becomes effective.

.42 Administrative, Technical, and Physical Safeguards: (45 CFR) 164.530(c)

The District will establish appropriate administrative, technical, and physical safeguards to protect PHI from any intentional or unintentional use or disclosure that is in violation of the privacy rule.

The District will establish and maintain reasonable safeguards to protect PHI and to limit incidental uses and disclosures made in connection with an otherwise permitted or required use or disclosure.

.43 Complaints: (45 CFR) 164.530(d)

The District is responsible for instituting a process for individuals to make complaints about the District's privacy policies and procedures, compliance with its privacy policies and procedures, and compliance with the requirements of the Privacy Rule. The contact person is responsible for receiving those complaints.

In the event that any person files a complaint directly with the Secretary of Health and Human Services as permitted under the privacy rule, the District will cooperate with the secretary's investigation, including access to the District's books and records.

The District is responsible for responding in writing to any written complaints received.

.44 Sanctions for Violations: (45 CRF} 164.530 (e)

The District will establish a set of sanctions that will apply to the district employees described above who have access to PHI and who violate the District's privacy policies and procedures. The sanctions will vary depending on the severity of the violation, whether or not the violation is an isolated incident or reflects a pattern of violations, whether or not the individual profited or intended to profit from the violations, and whether the violation was intentional or unintentional.

The District will establish and communicate a procedure for individuals to report suspected violations, including suspected violations by themselves or by other district employees.

The District is responsible for monitoring compliance with the privacy policies and procedures, for investigating any suspected violations, and for determining and applying the appropriate sanctions in accordance with the privacy policies and procedures.

.45 Mitigation: (45 CRF } 164.530 (f)

The District has the responsibility to mitigate or lessen, to the extent practicable, any harmful effect that is known to the District of a use or disclosure of PHI in violation of its privacy policies and procedures or in violation of the privacy rule by the District or its business associates.

.46 Refraining from Intimidating or Retaliatory Acts: (45 CRF } 164.530 (g)

The District may not intimidate, threaten, coerce, discriminate against, or take other retaliatory actions against any individual for the following activities:

- A. exercising his or her rights under the privacy rule;
- B. filing a complaint with the Secretary of Health and Human Services;
- C. participating in a privacy rule investigation, compliance review, or proceeding, or

D. opposing, in a reasonable manner, any act or practice the individual believes is unlawful provided that the opposition does not involve a disclosure of PHI that would be in violation of the privacy rule.

.47 No Waiver of Rights Permitted: (45 CRF } 164.530 (h)

The District may not require any individual to waive his or her rights under the privacy rule as a condition for the provision of treatment, payment, enrollment, or eligibility for benefits. Instruction and instructional services, including special education and related services, shall not be considered treatment for any purpose.

.48 Policies and Procedures: (45 CRF } 164.530 (I)

The District will implement privacy policies and procedures that are reasonably designed to comply with the privacy rule.

The District will modify its privacy policies and procedures to comply with changes in the law and will implement such changes.

The District may make other changes to its privacy policies and procedures provided that such revised privacy policies and procedures are compliant with the privacy rule.

The District will include in its notice of privacy practices a statement that reserves the right to make a change in its privacy policies and procedures that apply to PHI that the District created or received prior to the effective date of the revision of the notice of privacy practices.

.49 Documentation: (45 CRF } 164.530 (j)

The District will document and maintain in written and/or electronic form any policies, procedures, communications, actions, activities, or designations including without limitation, authorizations, notices of privacy practices, complaints and complaint responses, designation of the privacy officer, etc. that are required to be documented or otherwise should be documented to comply with the Plan's privacy policies and procedures.

The District will maintain required documentation for six years from the date of its creation or the date when it was last in effect, whichever is later.

.5 Guidelines for Individual Rights: (45 CFR } 164.520 (a) and (b)

The District will develop, maintain and distribute a notice of privacy practices, the “Notice,” as required by the privacy rule. Notices of privacy practices must include a number of elements, including descriptions of the following:

- A. the District’s uses and disclosures of PHI,
- B. individual rights,
- C. the District’s legal responsibilities with respect to the Notice,
- D. the process for filing complaints,
- E. contact information to obtain additional information, and
- F. the effective date.