

EMPLOYEE GROUP INSURANCE

TREATMENT OF PROTECTED HEALTH INFORMATION

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Effective Date: April 14, 2003	

POLICY

The HIPAA Privacy Standards require that Covered Entities designate a privacy official, who is ultimately responsible for the development and implementation of privacy policies and procedures; as well as a contact person, who is responsible for receiving complaints and providing further information about the privacy policies and procedures upon request. The University of Texas System Administration has a Privacy Officer with which EGI, as a Covered Entity, must work to ensure EGI's compliance with the HIPAA Privacy Standards. This policy sets forth the method by which EGI shall comply with the HIPAA Privacy Standards and coordinate with the System Administration's Privacy Officer in doing so.

Section 3.1 Responsibilities of the Director

- a. The Director of Employee Group Insurance shall serve as the designee of The University of Texas System Administration's Privacy Officer with regard to EGI's compliance with the HIPAA Privacy Standards.
- b. The Director shall oversee the implementation of, monitor adherence to, and evaluate the terms of this Manual in consultation with the Privacy Officer. Such responsibility includes:
 - i. Reviewing non-routine requests for PHI by EGI in accordance with Section 4.1 of this Manual, and reviewing non-routine Uses and Disclosures of PHI in accordance with Section 4.8 of this Manual;
 - ii. Identifying Business Associates, reviewing proposed and existing contracts with Business Associates for compliance with HIPAA, and addressing identified or suspected privacy violations by Business Associates, in accordance with Section 6.1 of this Manual;
 - iii. Overseeing compliance with the individual rights described in Policy 7 of this Manual;
 - iv. Overseeing compliance with the activities described in Policy 4 of this Manual, which are designed to ensure that Uses and Disclosures of PHI conform to the HIPAA Privacy Standards;
 - v. Ensuring that EGI's privacy documents (such as the policies and procedures contained in this Manual, EGI's notice of privacy practices, and the forms in the Appendix) are, as appropriate, reviewed and updated;
 - vi. Overseeing compliance with the document retention requirements described in Policy 9 of this Manual; and

- vii. Maintaining current knowledge of applicable federal and state privacy laws in connection with these duties.

Section 3.2 Designation and Responsibilities of the Contact Person

- a. The Contact Person is responsible for serving as EGI's contact point regarding EGI's privacy compliance. The Contact Person may also serve as the designee of the Director for purposes of Section 3.1(b) of this Policy. The Contact Person shall be the contact point for individuals seeking to exercise their individual rights under the HIPAA Privacy Standards, or otherwise seeking privacy information, in connection with EGI. The Contact Person shall be available to individuals who seek to exercise their individual rights (described in Policy 7 of this Manual), want to revoke their Authorization, or otherwise seek information concerning the Plan's privacy policies and procedures.
- b. The Director shall designate an EGI staff position as the Contact Person for EGI. Documentation of such designation shall be maintained in accordance with Section 9 of this Manual. The Director may designate him or herself as the Contact Person.
- c. The Contact Person shall be familiar with the policies and procedures set forth in this Manual. The Contact Person's phone number shall be included in the notice of privacy practices for an individual to obtain additional information.

Section 3.3 Reporting to the Privacy Officer

Either the Director or the Contact Person shall report on a periodic basis to the Privacy Officer regarding complaints, questions, comments, and requests received by the Contact Person, as well as any actions taken by EGI in response.

REFERENCES/CITATIONS

45 C.F.R. § 164.530(a)

65 Fed. Reg. at 82,561, 82,747 (Dec. 28, 2000)