

System-wide Policy: FI0160 - HIPAA Re-designation and General Policy	
Version: 1	Effective Date: 10/01/2017

FI0160 – HIPAA Re-designation and General Policy

Topics:

Applicability	Self-Reporting Requirements
Definitions	HIPAA Policy, Procedures, and Training
Policy	Links
Re-Designation of Hybrid Entity Status	Procedures
Health Care Components	Contact
Update Requirements	

Objective:

To re-designate The University of Tennessee (“University” or “UT”) as a Hybrid Entity and establish general policy related to the Health Insurance Portability and Accountability Act of 1996 (“HIPAA”).

Policy:

Applicability

The University is a Covered Entity and employs certain physicians and other health care providers, and with respect thereto, transmits health information in connection with transactions for which the United States Department of Health and Human Services (“DHHS”) has adopted standards. However, the University’s business activities include both covered and non-covered functions. In this case, HIPAA allows entities to designate themselves as a “Hybrid Entity.”

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Definitions

1. Covered Function: Functions that make an entity a health plan, a health care provider, or a health care clearinghouse.
2. Hybrid Entity: A single legal entity that is a covered entity, performs business activities that include both covered and non-covered functions, and designates its health care components as provided in the Privacy Rule.
3. Business Associate: A person or entity that performs certain functions or activities that involve the use or disclosure of protected health information on behalf of, or provides services to, a covered entity.

Policy https://policy.tennessee.edu/fiscal_policy/fi0160/ - top

Re-Designation of Hybrid Entity Status

For purposes of designating the University as a Hybrid Entity, the health care components of the University shall mean any part of the University that would meet the definition of a covered entity or business associate under the HIPAA regulations if such part of the University were a separate legal entity. The University previously designated its Health Science Center campuses and clinics as comprising the health care component of the University under HIPAA.

UT's current health care components can be found at <https://tennessee.edu/privacy/hipaa/>.

Update Requirements

The HIPAA Privacy Officer must review the list of health care components annually and update as necessary.

Self-Reporting Requirements

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Individuals or organizations within the University that engage in covered functions or enter into a Business Associate agreement must report their involvement to the HIPAA Privacy Officer, Office of the General Counsel, and Office of Audit and Compliance.

HIPAA Policy, Procedures, and Training

All of the University's health care components and the personnel assigned to such components must comply with UTHSC's HIPAA Privacy and Security policies and procedures located on its website (www.uthsc.edu/hipaa) until further notice, and must undergo periodic HIPAA privacy and security training as directed by the University's HIPAA Privacy Officer and HIPAA Security Officer. The University's HIPAA Privacy Officer and HIPAA Security Officer must approve in writing any health care component-specific policies and procedures.

Links

Office of Institutional Compliance - HIPAA - <http://compliance.tennessee.edu/hipaa.html>

PROCEDURES:

To view links to campus policies and procedures, click here:

<https://policy.tennessee.edu/campus-policies-procedures/>

Contacts

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