|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| MONITORING ONGOING COMPLIANCE AND HIPAA  ENFORCEMENT | | | | NO. | |
| It is the policy of American Health Enterprises, Inc. and its affiliated entities to implement a HIPAA compliance program for the ongoing reinforcement of privacy policies and procedures and monitoring of privacy compliance.  Staff training and development regarding HIPAA-related policies will occur with employees who are current as of April 14, 2003. Said training will commence on or before that date. New employees will be trained prior to the conclusion of their orientation period. Staff members are required to demonstrate their knowledge and understanding of their individual security responsibilities and accountability for maintaining confidentiality as signified by: a) successfully passing a post-test with a 90% or better rating at the conclusion of their training, b) signing a statement of confidentiality upon hire and c) reviewing their job description at least annually and as revisions are made, including clauses concerning individual security responsibilities and accountability for maintaining confidentiality. Employees, agents, and contractors/ vendors (through the use of business associate agreements / addendums and/or statement of business ethics) will be reminded of security concerns on an ongoing basis, particularly if complaints are files and/or privacy gaps are identified and reported. In the event a material change is made to the organization’s privacy policies or procedures, workforce members whose functions are affected by that change will be retrained, with documentation maintained of same.  The corporate security officer, corporate privacy officer, and administrator / complaint officer at each facility / affiliated entity is responsible for conducting ongoing and routine internal audits of technical, administrative and physical safeguards and systems (including the appropriate use of consents and authorizations and ongoing implementation of business associate agreements) and to assess system activity and assess / correct actual or potential security incidents. (Refer to security / safeguards policies and procedures, and general policies and procedures, including those regarding the prevention of incidental use and disclosure of protected health information).  In the event representatives from the Department of HHS /OCR (Office of Civil Rights) initiate an investigation or compliance review, the corporate Privacy Officer and designated facility Complaint Officer (generally the administrator) will serve as the contact persons.  In order to facilitate compliance, it is the policy of the organization to a) keep records and submit compliance reports, as requested; b) cooperate with complaint investigations and compliance reviews and c) permit the Secretary of HHS access to its facilities, books, records, accounts, and other sources of information relevant to ascertaining compliance with applicable requirements, standards, and implementation specifications. | | | | | |
| Approved: | Effective Date: | Revision Date:  3/17 | Change No.: | | Page:  1 of 1 |