

Section: Benefits  
Subject: Health Insurance Portability and Accountability  
Procedure: HR 3601

I Institutional Regulations and Purpose

- A. Des Moines Area Community College shall comply with the Health Insurance Portability & Accountability Act of 1996 ("HIPAA").
- B. This procedure is intended to promote awareness of the confidential nature of the medical information that is collected, maintained, and disseminated by Des Moines Area Community College, sponsor of group medical, dental and any other plans containing confidential medical information.
- C. The procedure reflects the commitment of the College to protecting the confidentiality of its plan participants' private health information.

II. Procedure

- A. **Plan Administration/Privacy Officer Designation:** HIPAA at the College shall be overseen by the Privacy Officer, who shall report to the Executive Director, Human Resources. The Privacy Officer shall be the Benefits Coordinator, and shall have the authority and responsibility for implementation and operation of the program.
- B. **Application and Scope:** The procedure will apply to all group health plans sponsored by the College.
- C. **Record Maintenance:** The health records will be maintained by the Privacy Officer/Benefits Coordinator.
- D. **Record Collection/Minimum Necessary Standard:** The College will collect only the minimum necessary protected health information (PHI).
- E. **Adequate Safeguards:** Only the Executive Director of Human Resources and the Privacy Officer/Benefits Coordinator will have access to PHI. Other Human Resources staff who have had privacy training will have access to PHI as required.
- F. **Participant Access to Protected Health Information:** The College will provide all plan participants the right to access their own PHI that has been collected and is maintained by DMACC.
- G. **Amendment of Protected Health Information:** The College will allow plan participants to request amendment of any PHI that is created and/or maintained by the College with respect to the participant.
- H. **Use and Disclosure of Protected Health Information:** The College and associated insurance carriers will use and disclose the PHI they create, collect, and/or maintain for the following purposes: 1) to enroll employees and their dependents in the group plans or to make changes in the enrollments, 2) to evaluate renewal proposals or a new health plan or to evaluate reinsurance carriers, and 3) to conduct cost-management, planning-related analyses, and similar functions.
- I. **Restrictions on Use and Disclosure of Protected Health Information:** All PHI collected at the College will be disclosed only to the following: 1) to the plan participant, 2) to the plan participant's parent or legal guardian if the plan participant is a minor, 3) to an insurance company, reinsurance company, third party administrator, or business associate of the plan, 4) to the plan participant's representative, agent, or any other person with a signed authorization from the plan participant, 5) in response to a legal process, 6) to investigate possible insurance fraud, 7) to help settle a claim dispute for benefits under a medical benefit plan or insurance policy, or 8) to the plan sponsor in accordance with the provisions of HIPAA.
- J. **Notice of Privacy Practices:** The College will maintain and provide to all plan participants upon request a Notice of Privacy Practices that describes the Plan's required and permitted uses and disclosures of PHI, all individual rights with respect to PHI and any other required information.

- K. **Employee Training:** The Privacy Officer or his/her designee will train or oversee training for all current staff and new employees who have contact with PHI on the requirements of this procedure. The contents of the training sessions and the attendees will be documented by the Privacy Officer or his/her designee.
- L. **Complaint Process:** The College will accept and respond to complaints relating to this procedure and compliance efforts relating to the privacy of PHI. All complaints will be filed with the Privacy Officer.
- M. **Record Retention:** The College will retain all documentation related to this procedure for a minimum of six (6) years from the date the documentation was created or the date that it was last in effect, whichever is later.
- N. **Disciplinary Action for Failure to Comply:** The College, as Plan Sponsor, will discipline any staff member who fails to comply with this procedure. All sanctions will be documented by the Privacy Officer.
- O. **Accounting for Disclosures:** The College will attempt to mitigate any disclosures of PHI that are in violation of this procedure by, for example, requesting return of any written PHI that was improperly disclosed or by admonishing the recipients of any wrongly-disclosed PHI of their obligation not to further disclose the PHI.
- P. **Prohibition of Retaliatory Conduct:** It is the policy of the College to prohibit any intimidation, threats, coercion, discrimination or other retaliatory acts against any person for the exercise of his/her rights under this procedure or for assisting in an investigation of any act made unlawful by the Health Insurance Portability and Accountability Act.

APPROVED:



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Executive Director, Human Resources

Date: April 14, 2004

Revised: November 1, 2006

February 1, 2016

Des Moines Area Community College

**HIPAA COMPLAINT PROCEDURE**

The HIPAA Complaint Procedure may be used by employees who believe that the College has failed to comply with matters covered in the DMACC Human Resources Privacy Notice or has failed to comply with its privacy policies as required by Standards for the Privacy of Individually Identifiable Health Information (often called the "privacy rule").

Privacy complaints are considered to be serious and shall be dealt with promptly. No employee shall be subject to coercion or retaliation for filing a complaint.

**FILING A COMPLAINT**

**Step 1**

The complainant shall submit a HIPAA Complaint Form (P-60) within 15 working days of the complainant becoming aware of, or should have become aware of, the privacy violation through the reasonable exercise of diligence. In no instance may this be later than 180 days from the date of the alleged violation.

Complaints shall be submitted to the Privacy Officer/Benefits Coordinator, DMACC, 2006 South Ankeny Blvd., Ankeny, IA 50023. The Privacy Officer may elect to meet with the complainant if additional information is needed. The Privacy Officer shall issue a written response within 10 working days from the receipt of the complaint.

**Step 2**

If the complainant is not satisfied with the response received in Step 1, s/he may submit the HIPAA Complaint form to the Executive Director, Human Resources within 10 working days from receipt of the Step 1 response.

The Executive Director, Human Resources shall meet with the complainant and other parties as deemed appropriate. The Executive Director shall issue a written response within 10 working days from receipt of the complaint in Step 2. This decision will be considered final by the College.

**TIME LIMITS**

Time limits may be extended by written mutual agreement of the parties. If a complainant fails to proceed to Step 2 within the prescribed time limits, the complaint shall be considered closed, based on the response in Step 1. If the administration fails to respond within the prescribed time limits in Step 1, the complainant may proceed to Step 2.

# HIPAA COMPLAINT FORM

Complainant Name \_\_\_\_\_ ID Number \_\_\_\_\_  
Last First MI

Address \_\_\_\_\_  
Street City/State ZIP Code

Home Telephone Number \_\_\_\_\_ Alternate Telephone Number \_\_\_\_\_

Position \_\_\_\_\_ Department/Campus \_\_\_\_\_

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1. Date(s) of the alleged violation of the Privacy Rule:
2. Name and title of the person committing the violation:
3. Basis of the complaint: (attach extra pages as necessary)

4. Witness or person who may have information about this complaint, if relevant:

5. Describe how you were harmed by the alleged violation:

6. Requested remedy:

7. Have you filed this complaint with any other agency?  Yes  No If "Yes", please complete the following:

Name of Agency \_\_\_\_\_

Date of Filing \_\_\_\_\_ Status of Complaint \_\_\_\_\_

**Certification:** I certify that the information given above is true and correct to the best of my knowledge.

Complainant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Step 1 – Privacy Officer Response**

Date Complaint Received \_\_\_\_\_

Respondent Signature \_\_\_\_\_ Date \_\_\_\_\_

Distribution: Original - Complainant, Copy – Executive Director, Human Resources

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**Step 2 – Executive Director, Human Resources Response**

Date Complaint Received \_\_\_\_\_

Respondent Signature \_\_\_\_\_ Date \_\_\_\_\_

Distribution: Original - Complainant, Copy – Privacy Officer