Policy and Procedure: HIPAA/HITECH Compliance
Topic: Security Awareness and Training

HIPAA Regulation:

- Security awareness and training  §164.308(a)(5)  addressable
- Security reminders  §164.308(a)(5)  addressable

Policy Purpose:

The purpose of this policy is to ensure that the workforce receive the necessary training to comply with Saratoga Bridges HIPAA Security Policies and Procedures and prevent any violations of confidentiality, integrity, or availability of electronic protected health information (EPHI).

Policy Description:

Workforce training is required to protect EPHI held by Saratoga Bridges.

Training Standards
Systems and Applications
Saratoga Bridges shall train the workforce, at a minimum, on the following security standards for all systems and applications where access has been granted:

1. Proper uses and disclosures of the EPHI stored in the application
2. How to properly logon and log off the application containing EPHI.
3. Instructions on contacting a manager or supervisor or IT Service Desk when EPHI may have been altered or destroyed due to user error.
4. Instructions on reporting a potential security breach to a supervisor, manager, or directly to the IT Service Desk.
5. Instructions regarding internet security, virus protection, password security, and confidential data handling.

HIPAA Security Policies and Procedures
The Compliance Officer will provide HIPAA security training to all workforce members on Saratoga Bridges HIPAA Security Policies and Procedures and shall maintain training records for a period of at least six years.

The training will be specific to the roles and responsibilities of the workforce at the worker level and the manager or supervisor level.
All new workforce members in HIPAA covered components are required to attend the appropriate training within 60 days of assuming their position. Workforce members shall attend retraining at a minimum of every three years.

**HIPAA Security Reminders**

Saratoga Bridges shall develop and issue periodic reminders on security awareness to the covered workforce using any media that is most effective (e.g. email, posters, newsletters, intranet site, etc.).

**Policy Responsibilities:**

**Manager and Supervisor Responsibilities**

1. Ensure that all HIPAA workforce members in their operational areas are trained on the systems and application security listed in the *Systems and Applications Training Standards* section above.
2. Ensure that all workforce members in their operational areas are enrolled in one of the training classes provided by the Compliance Officer within 60 days of the workforce member assuming their position in the HIPAA covered component.

**Workforce Member Responsibilities**

1. Workforce members shall complete HIPAA training within 60 days of assuming their position and thereafter once every three years; shall sign the HIPAA Privacy and Security Practices Acknowledgment Form, and provide the signed form to their supervisor or to the Compliance Officer.
2. Temporary agency workforce members, volunteers, and contracted workers that access EPHI are required to provide the Compliance Officer a signed copy of the HIPAA Privacy and Security Practices.

**Compliance Officer Responsibilities**

1. The Compliance Officer has oversight responsibility to audit reports to ensure required workforce member attendance.
2. The Compliance Officer or its designee shall provide HIPAA security training, track completion of the training and maintain training records for a minimum of six years.
3. The Compliance Officer shall provide periodic security reminders to HIPAA covered component workforce.