

# HIPAA Documentation Updating Policy

## Introduction

**STRATEQ HEALTH, INC.** has adopted this HIPAA Documentation Updating Policy in order to recognize the requirement to comply with the Health Insurance Portability and Accountability Act ("HIPAA"), as amended by the Health Information Technology for Economic and Clinical Health ("HITECH") Act of 2009 (Title XIII of division A and Title IV of division B of the American Recovery and Reinvestment Act "ARRA") and the HIPAA Omnibus Final Rule (Effective Date: March 26, 2013).

**STRATEQ HEALTH, INC.** hereby acknowledges our duty and responsibility to protect the privacy and security of Individually Identifiable Health Information ("IIHI") generally, and Protected Health Information ("PHI") as defined in the HIPAA Regulations, under the regulations implementing HIPAA, other federal and state laws protecting the confidentiality of personal information, and under principles of general and professional ethics. We also acknowledge our duty and responsibility to support and facilitate the timely and unimpeded flow of health information for lawful and appropriate purposes.

## Scope of Policy

This policy governs HIPAA Documentation Updating for **STRATEQ HEALTH, INC.** All personnel of **STRATEQ HEALTH, INC.** must comply with this policy. Demonstrated competence in the requirements of this policy is an important part of the responsibilities of every member of the workforce.

Officers, agents, employees, Business Associates, contractors, affected vendors, temporary workers, and volunteers must read, understand, and comply with this policy in full and at all times.

## Assumptions

- STRATEQ HEALTH, INC.** hereby recognizes its status as a Business Associate under the definitions contained in the HIPAA Regulations.
- STRATEQ HEALTH, INC.** must comply with HIPAA and the HIPAA implementing regulations, in accordance with the requirements at 45 CFR Parts 160 and 164, as amended.
- Full compliance with HIPAA is mandatory and failure to comply can bring severe sanctions and penalties. Possible sanctions and penalties include, but are not limited to: civil monetary penalties, criminal penalties including prison sentences, and loss of revenue and reputation from negative publicity.
- Full compliance with HIPAA strengthens our ability to meet other compliance obligations, and will support and strengthen our non-HIPAA compliance requirements and efforts.

- ❑ Full compliance with HIPAA reduces the overall risk of inappropriate uses and disclosures of Protected Health Information (PHI), and reduces the risk of breaches of confidential health data.
- ❑ The requirements of the HIPAA Administrative Simplification Regulations (including the HIPAA Privacy, Security, Enforcement, and Breach Notification Rules) implement sections 1171-1180 of the Social Security Act (the Act), sections 262 and 264 of Public Law 104-191, section 105 of 492 Public Law 110-233, sections 13400-13424 of Public Law 111-5, and section 1104 of Public Law 111-148.
- ❑ Entities subject to HIPAA Rules are also subject to other federal statutes and regulations. For example, federal programs must comply with the statutes and regulations that govern them. Pursuant to their contracts, Medicare providers must comply with the requirements of the Privacy Act of 1974. Substance abuse treatment facilities are subject to the Substance Abuse Confidentiality provisions of the Public Health Service Act, section 543 and its regulations. And, health care providers in schools, colleges, and universities may come within the purview of the Family Educational Rights and Privacy Act.

### **Policy Statement**

- ❑ It is the Policy of **STRATEQ HEALTH, INC.** to review all HIPAA-related documentation periodically, and update such documentation as needed, in response to environmental or operation changes affecting the privacy or security of individually identifiable health information.
- ❑ Reviews of HIPAA-related documentation shall be made periodically, but at least every 12 months for the purposes of this policy.
- ❑ Reviews and updates of HIPAA-related documentation that occur as a result of this policy shall be made by **STRATEQ HEALTH, INC.**'s designated Privacy Officer or HIPAA Officer, or the CTO of the company.
- ❑ Reviews and updates of HIPAA-related documentation that occur as a result of this policy shall be documented according to **STRATEQ HEALTH, INC.**'s Documentation Policy.

### **Procedures**

- ❑ All internal HIPAA-related documents shall be reviewed periodically by designated Privacy Officer or the CTO. The updated document shall be kept in Sharepoint under Operations/HIPAACompliance/Draft Policies folder for review and the reviewed document shall be kept in Sharepoint under Operations/HIPAACompliance/Published Policies folder and made available to relevant and authorized parties to access.

### **Compliance and Enforcement**

All managers and supervisors are responsible for enforcing this policy. Employees who violate this policy are subject to discipline up to and including termination in accordance with **STRATEQ HEALTH, INC.**'s Sanction Policy.