



# Privacy Administration

## Policy #1.6

### Education and Training

Original Effective  
Date: 6/21/2016

Revised Date:  
3/28/2022

**Policy:** Workforce members who have access to PHI are trained on the requirements of HIPAA, State medical privacy laws, and Travis County Security Policies and these Privacy Policies in accordance with State and Federal laws. The HIPAA Compliance and Privacy Officer is responsible for developing, administering, and documenting training for Privacy Policies and the Security Officer is responsible for developing, administering, and documenting Security Policy training.

**Purpose:** To provide a method to appropriately train workforce members so that they may best safeguard PHI.

**Process:**

**Training upon Initial Employment and Change in Employment Duties**

1. Supervisors in Covered Components report new workforce members and workforce members who have either transferred departments or who have recently gained access to PHI due to a change in job responsibilities, to the HIPAA Compliance and Privacy Office as soon as possible.

2. HIPAA Compliance and Privacy Officer administers training to workforce members within thirty **(30) days** after their initial employment. Workforce members complete all assigned HIPAA required training components within thirty **(30) days** after receiving access to HIPAA training materials.

- Supervisors ensure that workforce members complete required training within the specified time frame.
- To facilitate this responsibility, Supervisors can view the status of his or her workforce members' training within Manager Self Service in SAP.

3. HIPAA Compliance and Privacy Officer runs reports and tracks compliance with training utilizing SAP. The HIPAA Compliance and Privacy Office keeps records of a workforce member's successful completion of Privacy training within SAP, or through other means as necessary.

**Refresher Training and Training Following a Substantial Policy Revision**

1. Workforce members receive mandatory annual HIPAA training. Refresher training is also assigned on a more frequent basis, if such training is deemed necessary by a County Executive or Department Head responsible for the covered component, or by the HIPAA Compliance and Privacy Officer.

2. HIPAA refresher training is conducted when a substantial policy revision takes place. When training is provided for these purposes, it must be completed within the timeframe set forth by HIPAA Compliance and Privacy Officer.

### **Failure to Meet Training Deadlines**

1. The HIPAA Compliance and Privacy Officer consults with supervisors of workforce members who have failed to complete training on a timely basis.
2. Supervisors' direct workforce members to complete the training within **7** days unless there is an extenuating circumstance.
3. The HIPAA Compliance and Privacy Officer brings continued non-compliance of workforce members to the attention of workforce member's Department head, or the Department Head's Designated Governance Committee member, **as appropriate**.
4. The HIPAA Compliance and Privacy Officer continues to elevate issues of non-compliance up the workforce member's chain of command until the workforce member completes the required training. If training compliance is not achieved through this method, HIPAA Compliance and Privacy Officer assesses the risk of non-compliance and, **in consultation with the Security Officer, *may restrict*** the workforce member's access to electronic forms of PHI (ePHI) that reside on the Travis County network. County Executives or Department Heads will be notified of a pending termination of access before such action is taken.
5. The HIPAA Compliance and Privacy Officer consults with the Governance Board members or Elected or Appointed Officials **as appropriate** to discuss non-compliance and the potential termination of access to PHI.