

CAROLINAS COLLEGE OF HEALTH SCIENCES POLICY AND PROCEDURE

STUDENT AFFAIRS

SUBJECT: HIPAA PRIVACY - STUDENT

REVIEWERS: Dean of Student Affairs and Enrollment Management*
College Privacy Officer

POLICY

Carolinas College of Health Sciences students who are enrolled in programs with a clinical component are required to comply with the HIPAA privacy regulations and related Atrium Health policies and procedures (collectively, the "Privacy Standards"). Failure to comply with the HIPAA privacy standards will result in disciplinary action. The disciplinary action shall be based on the severity and context of the violation. All patient complaints involving HIPAA violations by students are investigated by Atrium Health Corporate Privacy, in addition to the investigation conducted at the college. Failure to comply in a team member role will be dealt with according to Atrium Health policy and will have no bearing on the student status except as relates to clinical limitations and consequences.

PROCEDURE

- A. The college relies on Atrium Health policy for definitions of each level of violation. Removal of protected health information (PHI) from a clinical unit constitutes failure to secure information in a reasonable manner and is considered a HIPAA violation. The following corrective actions shall be implemented when a student violates the HIPAA privacy standards:
1. Level of violation will be determined by the program chair and the college privacy officer.
 2. The Atrium Health Corporate Privacy and Human Resources departments will be consulted as needed. If Atrium Health Corporate Privacy requests the name of the involved student, the student will be asked to sign a waiver in order to comply with FERPA regulations. If the student refuses to sign the waiver, the student will lose clinical access and therefore will be dismissed from the program for failure to assist with an Atrium Health HIPAA investigation.
 3. The college privacy officer will notify the involved student and the dean of student affairs and enrollment management of all HIPAA violations.
 4. Documentation of all student HIPAA violations will be maintained by the college for at least 6 years following the incident. If a breach of patient health information results from the HIPAA violation, then the documentation of the incident will be maintained by the college indefinitely (the final determination if a breach occurred is determined by Corporate Privacy along with the IS Security).

A student who wishes to dispute the finding of a HIPAA violation may request a meeting with the program chair, the dean of student affairs, and the college privacy officer. This request must be made in writing to the dean of student affairs within five business days of receiving notification of the HIPAA violation. Following the meeting, the dean of student affairs will inform the student of the decision, which will be based on consensus.

- B. **Level I Violation - Accidental or Inadvertent.** This is an unintentional violation of privacy or security that may be caused by carelessness, lack of knowledge, lack of training, or other human error. Examples of this type of incident include but are not limited to failure to maintain the current business associate agreement to protect Atrium Health, directing PHI via mail, e-mail, or fax to a wrong party, failing to sign off an unattended computer terminal. The student will receive verbal counseling/education by the clinical faculty member and/or the college privacy director. Documentation of the counseling session will be completed and placed in the student's clinical folder. A copy of the documentation will be forwarded to the college privacy director.

- C. **Level II Violation – Failure to follow established privacy and security policies and procedures or a repeated Level I violation.** Examples of this type of incident include but are not limited to release of PHI without proper authorization, leaving detailed PHI on an answering machine, or failure to safeguard password of portable device. The student will be placed on the standard action plan for HIPAA violation (see attached).
- D. **Level III Violation - Deliberate or purposeful violation without harmful intent or a repeated Level 1 or 2 violation.** This is an intentional violation due to curiosity or desire to gain information for personal use. Examples of this type of incident include but are not limited to accessing the information of coworkers, high profile people or celebrities.
1. For initial Level III violations, the student will be referred to the Admission, Progression, and Graduation (APG) committee for action up to and including dismissal.
 2. If the APG committee does not dismiss the student, the student shall be placed on the standard action plan for HIPAA violation in addition to other sanctions as determined by the APG committee.
- E. **Level IV Violation: Willful and malicious violation with harmful intent or a repeated Level 3 violation.** This is an intentional violation causing patient or organizational harm. Examples of this type of incident include but are not limited to disclosing PHI to an unauthorized individual or entity for other illegal purposes (e.g., identity theft, personal financial gain); posting PHI to social media websites; or disclosing a celebrity's PHI to the media. The student will be recommended for dismissal from the college.
- F. The HIPAA Privacy - Student policy will be reviewed bi-annually.

REFERENCES

Related Policies to Consult

CCHS: ACADEMIC - [Dismissal](#)

Atrium Health: [PR.PHI 145.13- HIPAA Privacy & Security Sanctions](#)

**Carolinas College of Health Sciences
ACTION PLAN**

This denotes unsatisfactory status. I understand that this is a contractual agreement that I must fulfill to satisfactorily meet the objectives in the course.

Student Name: _____ **Course:** _____

Problem:
(Describe specific violation)
Reported to CCHS Facility Privacy Officer and appropriate HIPAA documentation submitted.

Related to Objective #: _____ **(Enter objectives as appropriate to the specific program)**

Goal and Time Frame	Plan of Action
<p>Immediately, and throughout the remainder of the course, (enter student's name) will comply with HIPAA regulations.</p> <p>Further violations of HIPAA regulations will result in the referral of the student to the APG committee per CCHS HIPAA Privacy Student Sanctions: Corrective Action policy.</p>	<p>Complete the Corporate Compliance and Privacy Module and posttest and turn in the posttest to (specify instructor) by (specify date).</p> <p>At the end of the course, the clinical instructor will verify the student's HIPAA compliance on this action plan.</p>

Signatures: Student _____ **Date** _____
Instructor _____ **Date** _____

DATE COMPLETED _____ **Signatures: Student** _____
Faculty _____

EVALUATION: _____ **Date:** _____

STUDENT:

FACULTY: