PURPOSE:
To ensure that Health Quest (“HQ”) implements certain administrative requirements to protect against the wrongful use or disclosure of Protected Health Information (“PHI”) in compliance with HIPAA. The HIPAA Rule requires that a Chief Privacy Officer is designated for the organization, is at an executive level, and is charged with developing and implementing policies and procedures designed to protect patient data from unauthorized access.

POLICY:
1. It is the policy of HQ to designate a Chief Privacy Officer to ensure that HQ policies and practices secure the PHI of all its patients. The Chief Privacy Officer may designate associate privacy officers to assist with compliance. HQ has designated the Chief Privacy Officer role to be served by the Chief Compliance Officer.

2. The Chief Privacy Officer is responsible for the organization's Privacy Program including but not limited to daily operations of the program, development, implementation, and maintenance of policies and procedures, monitoring program compliance, investigation and tracking of incidents and breaches and insuring patients' rights in compliance with federal and state laws. The Privacy Officer is responsible for ensuring the confidentiality of all patient confidential healthcare information and is responsible for developing and implementing all policies and procedures effecting patient confidential healthcare information.

3. The name, location and telephone number of the Chief Privacy Officer is to be posted throughout the organization in the event that a patient elects to file a complaint.

4. The Privacy Officer is responsible for documenting, investigating and responding to all patient complaints regarding confidential healthcare information.

DEFINITIONS: See HIPAA Glossary

ENFORCEMENT:
All individuals whose responsibilities are affected by this policy are expected to be familiar with the basic procedures and responsibilities created by this policy. Failure to comply with this
policy and related procedure may result in remedial and/or disciplinary action, up to and including termination of any employment or other relationship.

REFERENCES:
45 CFR §164.530(a) and (b)
HQ 5.2.03 Chief Privacy Officer Procedure

POLICY HISTORY:
Supersedes: 2/27/14
Original Implementation Date: 2/2010
Date Reviewed: 2/13/19, 3/25/20
Date Revised: 2/27/14, 2/13/19, 3/25/20

APPROVAL:

W.A. McNulty by ___________________________  3.31.20
Policy Owner                          Date