

## **LEON COUNTY EMS**

### Standard Operating Guideline

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Title: Privacy and Information Security Training

CAAS: 106.07.01

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#### **I. PURPOSE:**

To ensure that all members of LCEMS workforce-- including all employees, students and trainees-- who have access to patient information understand the organization's concern for the respect of patient privacy and are trained in the County's policies and procedures regarding Protected Health Information (PHI) and the security of e-PHI.

#### **II. GUIDELINE:**

This policy applies to all LCEMS workforce. This includes those who have access to PHI or e-PHI, as well as those who do not ordinarily have access or a need to access to it.

#### **III. PROCEDURE:**

1. All current staff will be required to undergo privacy and security training in accordance with the HIPAA Privacy Rule and the HIPAA Security Rule.
2. As a part of EMS orientation all new staff members will be required to undergo privacy training in accordance with the HIPAA Privacy and Security Rules.
3. All staff members will be required to undergo privacy training in accordance with the HIPAA Privacy and Security Rules within a reasonable time after there is a material change to the County's policy and procedures on privacy practices and the security of patient information.
4. The Privacy and Security Training will be conducted by the Privacy/Information Security Officer or his or her designee.

5. All attendees will receive copies of the Counties policies and procedures regarding privacy and security of e-PHI.
6. All attendees must personally complete the training and verify completion and agreement to adhere to the County's policies and procedures on privacy and security practices.
7. Topics of the training will include a complete review of the County's privacy and security policies and procedures and will include other information concerning the HIPAA Privacy and Security Rules, such as, but not limited to, the following topic areas:
  - a. Overview of the federal and state laws concerning patient privacy including the Privacy and Security Regulations under the Health Insurance Portability and Accountability Act of 1996 (HIPAA)
  - b. Description of protected health information (PHI) and electronic protected health information (e-PHI)
  - c. Patient rights under the HIPAA Privacy Rule
  - d. Staff member responsibilities under the Privacy and Security Rules
  - e. Role of the Privacy/Information Security Officer and reporting employee and patient concerns regarding privacy issues
  - f. Importance of and benefits of privacy compliance
  - g. Consequences of failure to follow established privacy and security policies
  - h. Use of the County's specific privacy and security forms