



Issuing Department: Internal Audit, Compliance, and Enterprise Risk Management

Effective/Reissue Date: 9/13/2013

HIPAA Privacy Policies, Procedures, and Documentation

Policy

NYU Langone Medical Center is committed to protecting the rights of our patients. In compliance with the Health Insurance Portability and Accountability Act of 1996 (“HIPAA”), the Health Information Technology for Economic and Clinical Health Act (“HITECH”) and applicable federal and state laws and regulations, this policy sets forth the Medical Center’s practice of implementing, enforcing, updating, and documenting its compliance with HIPAA policies and procedures.

- The Medical Center will implement policies and procedures that are reasonably designed to ensure compliance with the HIPAA standards, requirements and implementation specifications.
- The Medical Center will monitor changes to HIPAA and will promptly revise its policies and procedures and, if required, its Notice of Privacy Practices.
- The Medical Center will maintain documentation required for HIPAA compliance for a minimum period of six (6) years from the date of the creation of the document or the date the document was last in effect, whichever is later. Documentation will be retained in written or electronic form in accordance with Medical Center policy.

NYU Langone Medical Center, which is comprised of NYU Hospitals Center and NYU School of Medicine, an administrative division of New York University, is an Affiliated Covered Entity (ACE) acting as a single covered entity for HIPAA purposes.

Applicability

Medical Center HIPAA Privacy Policies and Procedures apply to all Medical Center Workforce Members, including employees, faculty, medical staff, residents, fellows, students, volunteers, trainees, vendors, contractors, consultants and agents of NYU Langone Medical Center. Policies that address patient’s rights apply for any patient of the Medical Center or any of its locations.

Enforcement

The Medical Center’s Privacy Manager has general responsibility for implementation of all Internal Audit, Compliance, and Enterprise Risk Management (“IACERM”) HIPAA Privacy Policies and Procedures.

Members of the workforce who violate these policies will be subject to disciplinary action up to and including termination. Anyone who knows or has reason to believe that another person has violated any of these policies should report the matter promptly to his or her supervisor or the Privacy Manager.

These policies shall remain in effect unless terminated or superseded by a revised and/or updated policy issued by IACERM.

Related Documents

All HIPAA Privacy Policies and Procedures

Medical Center Information Technology Security Policies

Medical Center Information Technology Workforce Members IT Policy

Notice of Privacy Practices

Legal Reference

45 C.F.R. §164.530(i)

45 C.F.R. §164.530(j)

This version supersedes all previous Hospitals Center, School of Medicine, and/or Medical Center policies.