


**COUNTY OF IMPERIAL  
DEPARTMENT OF BEHAVIORAL HEALTH SERVICES  
POLICY AND PROCEDURE MANUAL**

<b>SUBJECT:</b> HIPAA - Security and Privacy Training	<b>POLICY:</b> 01-86
<b>SECTION:</b> Administration	<b>EFFECTIVE DATE:</b> 6-13-16
<b>REFERENCE:</b> 45 C.F.R. Sections 164.308 (a) (5) (i), 164.308 (a) (5) (ii), 164.530 (b) (1), 164.530 (b) (2) (ii)	<b>PAGE:</b> 1 of 4
<b>AUTHORITY:</b> 45 C.F.R. Part 164	<b>SUPERSEDES:</b> 9-16-15
	<b>APPROVED BY:</b> 

**PURPOSE:** To ensure that all members of the workforce and contractors given access to ICBHS network and Protected Health Information (PHI) have the training necessary to safeguard PHI and other sensitive information.

**DEFINITION:** ICBHS: Imperial County Behavioral Health

IS: Information Systems

Protected Health Information (PHI): Individually identifiable information relating to past, present, or future physical or mental health condition of an individual, provision of health care to an individual, or the past, present, or future payment for health care provided to an individual transmitted or maintained in any form or medium including oral, written, or electronic communication.

Workforce: In Section 160.103 of the HIPAA Privacy Rule, the "workforce" is defined as: "Employees, volunteers, trainees, and other persons whose conduct, in the performance of work for the department, is under the direct control of the department, whether or not they are paid by the covered entity."

**POLICY:** All members of the Imperial County Behavioral Health Services (ICBHS) workforce that are given access to the

ICBHS network Systems and PHI in any media are required to undergo security and privacy training.

ICBHS must develop a security and privacy training strategy, training plan, and training materials for its workforce members. It will maintain documentation showing that each employee and temporary user with access to PHI has received current security and privacy training.

The Security Officer/designee and/or Privacy Officer/designee are responsible for:

- \* Developing, acquiring, maintaining, and distributing the training materials
- \* Planning of the security and privacy training including scheduling and resources
- \* Maintaining the documentation of the training status for each person who is granted access to PHI through ICBHS' networks

The content and method of distribution (in-person training, online learning, email, posters, etc.) will be documented to show each staff member's compliance. Access to PHI and other sensitive information will be contingent in meeting the standard listed in this policy.

1. Plan

A training plan will be developed and implemented that defines the content, delivery schedule, documentation and periodic review of the annual and ad hoc training that covers security and privacy.

2. Content

Training content will include the following:

- \* User Responsibilities
- \* Security policies
- \* Privacy policies
- \* Incident reporting procedures
- \* Common security and privacy threats for healthcare industry

Additional topics may be covered based on the roles and responsibilities of the trainees. Supplemental training will evolve in response to environmental and organizational

changes and should address current security or privacy issues, security of privacy reminders, new or updated policies and changes to applicable security and privacy regulations.

3. Delivery Schedule

- \* New hire training: Individual training should be conducted before the user is permitted access to PHI. Training is required for all personnel obtaining access to PHI, including but not limited to regular staff, temporary staff and contractors.
- \* Annual Training: Each calendar year, content for the training sessions shall be procured/developed by the Behavioral Health Manager for Information Systems, Security Officer, or Privacy Officer.
- \* Subsequent training and reminders throughout the year

4. Documentation

- \* Confirmation of all employee and temporary user security and privacy training will be documented, stored and maintained by the ICBHS Staff Development Unit.

5. Review

- \* A review of training documentation shall be conducted annually to verify the successful training of all workforce members and other users.

**Related Policies and Regulations**

**Policies:**

1. All Security Policies
2. All Privacy Policies

**Regulations:**

1. 45 C.F.R. Section 164.308 (a) (5) (i). Standard: Security awareness and training. Implementing a security awareness and training program for all members of its workforce (including management).
2. 45 C.F.R. Section 164.308 (a) (5) (ii). Implement:  
(A) Security reminders (Addressable). Periodic security updates.

- (B) Protection from malicious software (Addressable). Procedures for guarding against, detecting, and reporting malicious software.
  - (C) Log-in monitoring (Addressable). Procedures for monitoring log-in attempts and reporting discrepancies.
  - (D) Password management (Addressable). Procedures from creating, changing, and safeguarding passwords.
3. 45 C.F.R. Section 164.530 (b)(1). Standard: Training. A covered entity must train all members of its workforce on the policies and procedures with respect to protected health information required by this subpart and subpart D of this part, as necessary and appropriate for the members of the workforce to carry out their functions within the covered entity.
4. 45 C.F.R. Section 164.530 (b)(2). Training: (i) a covered entity must provide training that meets the requirements of paragraph (b)(1) of this sections as follows:
- (A) To each member of the covered entity's workforce by no later than the compliance date for the covered entity;
  - (B) Thereafter, to each new member of the workforce within a reasonable time after the person joins the covered entity's workforce; and
  - (C) To each member of the covered entity's workforce whose functions are affected by a material change in the policies or procedures required by this subpart or subpart D of this part, within a reasonable period of time after the material change becomes effective in accordance with paragraph (i) of this section.
5. 45 C.F.R. Section 164.530 (b)(2)(ii). A covered entity must document that the training as described in paragraph (b)(2)(i) of this section has been provided, as required by paragraph (j) of this section.