



University of Pittsburgh
Health Insurance Portability and Accountability Act Policy Committee Charter

I. Preamble

This body is called the Health Insurance Portability and Accountability Act (HIPAA) Policy Committee (Committee). It is authorized by the Chancellor and will serve at the Chancellor's discretion. The Chancellor has authorized the Senior Vice Chancellor and Chief Legal Officer (SVC-CLO), or their designee, to direct the operations of this Committee, consistent with the terms of this Charter. This Charter outlines the purpose, relevant background, scope, responsibilities, composition, and operations of the Committee, as well as the review process for any proposals generated by this Committee.

This document should be read in conjunction with Policy AO 01, Establishing University Policies, and all other applicable University policies, protocols, and procedures.

II. Purpose

This Committee is created to propose a new University Policy (or Policies) to replace current HIPAA-related University Policies, and supporting documents, that would govern the University's compliance with relevant federal, state, and local laws on HIPAA.

III. Background

The University currently has 13 policies that address compliance with HIPAA, Health Information Technology for Economic and Clinical Health Act (HITECH), and the HIPAA Omnibus Rule, addressing several requirements including those found in the HIPAA Privacy Rule, the HIPAA Security Rule, and the notice of privacy practices for Protected Health Information (PHI). These University Policies have been in place since September 2013. The Office of Policy Development and Management (Policy Office), in consultation with the Offices of Compliance, Investigations, and Ethics (CIE) and Human Resources (OHR), has identified a need for a comprehensive review of these Policies to ensure they are appropriately updated to be compliant with all relevant laws, reflect the University's administrative requirements related to HIPAA procedures, and are provided in a format that is understood by the University community.

Of particular importance is reviewing how the University implements through policy the U.S. Department of Health and Human Services' and U.S. Department of Education's "Joint Guidance on the Application of the Family Educational Rights and Privacy Act (FERPA) and the Health Insurance Portability and Accountability Act of 1996 (HIPAA) to Student Health

Records.” Implementation of this important guidance provides an opportunity for the University’s compliance with HIPAA and how it functions as a hybrid entity under HIPAA. A hybrid entity is a single entity (the University) that is a covered entity whose business activities include both covered and non-covered functions and that designates certain units as health care components. This Policy development process will involve, among other tasks, evaluating University units as potentially covered health care components. The designation of the University’s health care components ultimately drives the University’s HIPAA compliance obligations within those units.

IV. Scope and Authority

The Committee will recommend a new University Policy (or Policies) to replace current HIPAA-related University Policies on HIPAA and supporting documents. In doing so, the Committee’s deliberations must address the following topics:

- **Scope.** Review and analyze all current HIPAA-related University Policies and determine if those Policies accurately reflect the University’s administration of HIPAA obligations or if they require modification or additional material;
- **Compliance.** Ensure a new Policy (or Policies) comply with requirements found in federal, state, and local laws relevant to HIPAA;
- **Procedures and Guidelines.** Develop necessary procedures and guidelines (e.g., confidentiality, record keeping) for administrative activities related to HIPAA that will support the Policy (or Policies);
- **Policy Consolidation.** Consider whether one University Policy can accommodate and address all applicable requirements, or if more than one University Policy is needed to govern the University’s compliance with HIPAA; and
- **Clarity.** Ensure any new Policy (or Policies), and any associated procedures and guidelines are provided in a format that is understood by the University community.

V. Responsibilities

As provided above, the Committee is created to propose a Policy (or Policies) to govern the University’s compliance with HIPAA. To perform this function, the Committee has the responsibility to:

- Review the University’s current HIPAA practices and support services;
- Discuss best practices in higher education related to HIPAA, including benchmarking peer universities’ respective policies on the matter;

- In accordance with the terms of this Charter, consult with schools at the University to determine if they should be designated as health care components of the University;
- In accordance with the terms of this Charter, consult with University Registrar during the development of a draft Policy, specifically issues related to FERPA;
- Incorporate or address applicable local, state, and federal requirements into the proposed Policy (or Policies) and procedures;
- Recommend a draft Policy (or Policies) for review pursuant to the process described in Section VII below, and consider feedback during that review; and
- Recommend accompanying draft procedures needed for the effective and efficient implementation of the proposed Policy (or Policies).

It is expected that the Committee will work in confidence to have a full and frank discussion of all options. Individual members should maintain the deliberations of the Committee confidential and are expected to not discuss the content of the Committee's deliberations outside of the Committee, unless authorized to do so by the Committee. The broader community will have an opportunity to consider the Committee's proposals pursuant to the process described in Section VIII below.

VI. Composition

The Committee will be chaired by **Laurel Gift**, Assistant Vice Chancellor for Compliance, Investigations, and Ethics. The Committee will include the following members:

1. **Mary Allias**, Director of Didactic Education for the Physician Assistant Studies Program and Assistant Professor
2. **Chad Burton**, Data and Privacy Officer, Pitt IT
3. **John Duska**, Assistant Director, Information Security
4. **Carolyn Hoyt**, Vice Chancellor for Advancement Services
5. **William Maruca**, Adjunct Professor of Law, School of Law
6. **Melissa Miklos**, Associate Director, Human Research Protection Office
7. **Kim Moses**, Senior Associate Legal Counsel
8. **Gayle Pamerleau**, Director of Counseling, Pitt Greensburg
9. **Paul Schwartz**, Assistant Professor, School of Dental Medicine
10. **Linda Tashbook**, Adjunct Professor of Law, School of Law
11. **Meghan Tintera** and **Kate Young**, Manager of Benefits, Health & Welfare
12. **Marian Vanek**, Executive Director of the Wellness Center

Tyler Tenney, Policy Specialist, will help facilitate and support the work of the Committee on behalf of the Office of Policy Development and Management.

VII. Operations

The Committee will meet monthly, or more frequently as circumstances dictate. The Committee's proposed Policy (or Policies) on HIPAA will be submitted to the SVC-CLO, or their designee, no later than the 2020-21 Academic Year. The SVC-CLO may ask for interim status reports.

After the SVC-CLO's, or their designee's, review is complete, the draft Policy (or Policies) will be submitted to the Office of Policy Development and Management (Policy Office) to coordinate its review consistent with Policy AO 01.

VIII. Proposed Policy Review Process

The review process for the Committee's recommended Policy (or Policies) is as follows:

- University comment period;
- Council of Deans;
- University Senate's Benefits & Welfare Committee;
- Faculty Assembly;
- University Senate Council; and
- Administrative Leadership.

The Committee will coordinate with the Policy Office to consider feedback provided throughout this process.

Once this review process is complete, the proposed Policy will be sent to the Policy Office for review and submission to the Chancellor in accordance with Policy AO 01.

IX. Amendment

Any amendments to this Charter must be made in accordance with Policy AO 01 and receive the approval of the Chancellor or designee.

This Committee shall expire on the publication of a new University Policy (or Policies) that governs HIPAA, unless otherwise directed by the Chancellor.