Document Type:[1] ___ Policy & Procedure _X_ Process Guideline

___ Plan ___ System Description

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Document Scope: (applies to Policy & Procedure only)

– The requirements herein apply only to the GCBH BH-ASO Central Office and its functions.

_X_ The requirements herein apply, verbatim, to GCBH BH-ASO and its network providers[2].

– The requirements herein apply both to GCBH BH-ASO and its network providers[2]. Additionally, network providers must have internal documents outlining their processes for implementing the requirements, insofar as they relate to actions for which network providers are responsible.

PURPOSE: To describe the responsibilities of Greater Columbia Behavioral Health's (GCBH BH-ASO) Health Insurance Portability and Accountability Act of 1996 (HIPAA) Officer.

POLICY

A. The HIPAA Officer oversees all ongoing activities related to the development, implementation, maintenance of, and adherence to the organization's policies and procedures covering the privacy of, and access to, individual health information in compliance with federal and state laws and the healthcare organization's information privacy practices.

B. The responsibilities of the HIPAA Officer are executed in coordination with the IS Manager's scope of work.

PROCEDURE

1. Responsibilities:

1.1. Serves in a leadership role to establish an organization-wide approach to the privacy of individually identifiable health information.

1.2. Coordinates the development of specific policies and procedures mandated by the Privacy Regulations, as well as any additional policies and procedures to effectively implement and comply with the regulations.

1.3. Drafts and maintains the Notice of Privacy Practices in coordination with management, Executive Committee, and legal counsel.

1.4. Provides guidance and assists in the identification, implementation, and maintenance of organizational information privacy policies and procedures in coordination with management, Executive Committee, and legal counsel.

1.5. Performs initial and periodic information privacy risk assessments and conducts related ongoing compliance monitoring activities in coordination with the organization's other compliance and regulatory efforts.

1.5.1. Conducts annual privacy and security risk assessment, identifying potential risks and vulnerabilities to the confidentiality, integrity, and availability of protected health information.

[1]See definitions of document types in AD100, "Development, Approval & Review of Formal GCBH BH-ASO Documents"

[2]"Network Provider" – An organization with which GCBH BH-ASO is contracted for the provision of direct services.

1.6. Serves as a resource for the organization to provide technical assistance when questions or issues arise regarding confidentiality or the application of the Privacy Regulations.

1.7. Oversees, directs, delivers, or ensures delivery of initial and ongoing privacy training and orientation to employees, volunteers, business associates, and other appropriate third parties. Initiates, facilitates, and promotes activities to foster information privacy awareness within the organization and related entities.

1.8. Develops, implements, and conducts ongoing compliance monitoring of all business associate agreements, to ensure all privacy concerns, requirements, and responsibilities are addressed in coordination with management, Executive Committee, and legal counsel.

1.9. Establishes a mechanism to track access to protected health information, within the purview of the organization and as required by law and to allow qualified individuals to review or receive a report on such activity.

1.10. Works with GCBH BH-ASO employees involved with any aspect of release of protected health information, to ensure full coordination and cooperation under the organization's policies and procedures and legal requirements.

1.11. Establishes and administers a process for receiving, documenting, tracking, investigating, and taking action on all complaints concerning the organization's privacy policies and procedures in coordination and collaboration with other similar functions and, when necessary, legal counsel.

1.12. Ensures compliance with privacy practices and consistent application of sanctions for failure to comply with privacy policies for all individuals in the organization's workforce, extended workforce, and for all business associates, in cooperation with Personnel, the information security officer, management, and legal counsel as applicable.

1.13. Cooperates with the Office of Civil Rights, other legal entities, and organization officers in any compliance reviews or investigations.

1.14. Collaborates with appropriate IS staff for the provision of technical security elements in accordance with 45 CFR parts 160, 162, and 164.

2. Qualifications:

2.1. Familiarity and experience with federal, state, and local statues and regulations concerning confidentiality and privacy of individually identifiable health information.

2.2. Ability to interface effectively with all parts of the organization, including senior management and Executive Committee.

2.3. Ability to effectively communicate both technical and legal information to non-technical and non-legal staff.

2.4. Demonstrated organization, facilitation, communication, presentation, planning, and management skills.

APPROVAL

Karen Richardson or Sindi Saunders, Co-Directors — Date 3/4/2026