

University of Colorado Health Sciences Center  
HIPAA Policy

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Policy: 7.2  
Training

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I. Purpose, Reference, and Responsibility

A. Purpose

The purpose of this policy is to outline training requirements for members of the UCHSC workforce relative to the HIPAA Privacy Regulations.

B. Reference

45 C.F.R. § 164.530(b).

C. Responsibility

It is the responsibility of the UCHSC to provide training on the policies and procedures implemented by the UCHSC for accessing and using PHI. This training shall include the information necessary and appropriate for each faculty, staff, student, trainee, or volunteer to perform his or her job function.

II. Applicability and Definitions

A. Applicability

This policy applies to the training requirements of every member of the UCHSC workforce and particularly those who have access to or who use PHI.

B. Definitions

Workforce

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III. Policy

A. The UCHSC will train members of its workforce on the policies and procedures required by the HIPAA Privacy Rule so that each person may carry out his or her duties within the UCHSC and comply with the requirements of HIPAA. This training shall be appropriate to the job function and extent of access to PHI.

1. The UCHSC will train each member of the existing workforce who requires HIPAA training no later than April 14, 2003. Successful completion of this training must occur before a person is granted access to PHI on and after April 14, 2003.

UCHSC, UCH, TCH, National Jewish, Denver Health and UPI have all agreed to common "Affiliate Principles" regarding HIPAA training. Since each entity is required to train its workforce under the HIPAA regulations, in the Affiliate Principles document the affiliate institutions have all agreed that any individual who has been trained by one of the affiliates will be certified by all affiliates as having been trained. Each entity's list of those who have completed training will be shared with the other entities on a regular basis.

2. After April 14, 2003, the UCHSC shall provide training to each new member of the workforce within 30 (thirty) days. This training shall be offered on an on-going basis. Successful completion of this training must occur before that person is granted access to protected health information.
3. Each member of the workforce whose job functions are affected by revisions to any of the following policies and procedures shall be re-trained within a reasonable period of time on the updated policies and procedures. Training shall be offered on an on-going basis.
  - a. Policies and procedures required by the HIPAA Privacy Rule;
  - b. UCHSC HIPAA policies and procedures; or
  - c. Both a and b.

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4. The UCHSC shall maintain documentation of what training has been provided to each member of the workforce. This documentation shall be retained by the Privacy Officer for six years.
  - a. The UCHSC shall re-train, or provide refresher courses, or awareness training to workforce members as reasonably necessary to ensure adequate continuing knowledge and compliance or when the individual's job function changes to include increased and/or different access to PHI.
  - b. If a member of the workforce does not complete his or her training within the timeframes noted above in (1), (2), and (3), the UCHSC will not be held liable for the workforce member's non-compliance and any access to PHI may be disabled. UCHSC disciplinary actions resulting from an inability to perform job functions may be applied and civil and criminal penalties for non-compliance may be imposed on the personal level.