

SUNY DOWNSTATE MEDICAL CENTER
UNIVERSITY HOSPITAL OF BROOKLYN
POLICY AND PROCEDURE

No. HIPAA-4

Subject: COMPLIANCE AND ENFORCEMENT

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I. PURPOSE

To ensure SUNY Downstate's proper cooperation with the Department of Health and Human Services (HHS) for determining compliance with the Health Insurance Portability and Accountability Act of 1996 (HIPAA) and its accompanying regulations.

II. POLICY

In order to cooperate with HHS in determining compliance with the HIPAA standards:

- A.** SUNY Downstate will retain all records and submit compliance reports to the Secretary of HHS, as required.
- B.** SUNY Downstate will cooperate with the Secretary of HHS during an investigation or compliance review of the policies, procedures or practices of SUNY Downstate.
- C.** SUNY Downstate will permit access by the Secretary of HHS, during normal business hours, to its facilities, books, records, accounts and other sources of information, including protected health information, that are pertinent to ascertaining compliance.

1. When the Secretary of HHS determines that unusual circumstances exist, such as when documents may be hidden or destroyed, SUNY Downstate will permit access by the Secretary at any time and without notice.
 2. SUNY Downstate will attempt to obtain information in the exclusive possession of another agency, institution or person.
 - a. If the other sources of information fail or refuse to furnish the information, SUNY Downstate will document and certify the efforts it has made to obtain the information.
- D.** If a violation is found after an investigation or compliance review, SUNY Downstate will comply with whatever action the Secretary of HHS determines is warranted.

III. DEFINITION(s)

None

IV. RESPONSIBILITIES

It is the responsibility of all medical staff members and hospital staff members to comply with this policy. Medical staff members include physicians as well as allied health professionals. Hospital staff members include all employees, medical or other students, trainees, residents, interns, volunteers, consultants, contractors and subcontractors at the hospital.

V. ATTACHMENTS

None

VI. REFERENCES

Standards for Privacy of Individually Identifiable Health Information, 45 CFR §164.310, § 164.312

	Revision	Required	Responsible Staff Name and Title
	Yes	No	Adeola O. Dabiri, Director of Regulatory Affairs
	Yes	No	
	Yes	No	
	Yes	No	