



**COUNTY OF SAN BERNARDINO  
STANDARD PRACTICE**

**No. 14-03 SP 04**

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**EFFECTIVE DATE** June 10, 2016

**POLICY: HIPAA Policy  
SP: Workforce Training**

**APPROVED**  
GREGORY C. DEVEREAUX  
Chief Executive Officer

**PURPOSE**

To ensure that all workforce members within the Health Care Component (HCC) receive training in accordance with the Health Insurance Portability and Accountability Act (HIPAA) which requires that covered entities train their workforce regarding privacy, security, policies, and procedures as necessary and appropriate for workforce members to carry out their functions (45 C.F.R. sections 164.530(b)(1) and 164.308(a)(5)).

**DEPARTMENTS AFFECTED**

All County agencies, departments, and Board-governed Special Districts that are determined to be covered by HIPAA.

**DEFINITIONS**

*Covered Entity:* A health plan, health care clearinghouse, or a health care provider who transmits any health information in electronic form in connection with a HIPAA covered transaction.

*Health Care Component (HCC):* County departments or programs that meet the definition of a Covered Entity or Internal Business Associate.

*Health Insurance Portability and Accountability Act (HIPAA):* A federal law designed to provide privacy and information security standards to protect patients' medical records and other health information provided to health plans, doctors, hospitals, and other health care providers. (45 C.F.R. Parts 160 and 164)

*Protected Health Information (PHI):* Individually identifiable health information that is transmitted by, or maintained in, electronic media or any other form or medium (excludes individually identifiable health information in employment records held by the Covered Entity in its role as employer).

*Workforce:* Employees, volunteers, trainees, and other persons whose conduct, in the performance of work for a covered entity or internal business associate, is under the direct control of such covered entity or internal business associate, whether or not they are paid by the covered entity or internal business associate.

**PROCEDURES**

- A. Training shall be mandatory for all workforce members within the HCC, including management.
- B. Verification of training must be documented and records must be retained for a minimum of six (6) years.
- C. Training shall occur prior to accessing PHI upon initial employment, transfer, or promotion; and in no case later than 30 days from the date appointed to a HIPAA covered department.
- D. Training shall include privacy, security, policies, and procedures such as:
  - 1. Uses and disclosures of PHI
  - 2. Complaint process
  - 3. Identifying and reporting breaches
  - 4. Administrative, physical and technical safeguards

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5. Best practices
6. Fines and penalties
7. Other HIPAA concepts as appropriate

E. Staff should be retrained periodically, but at a minimum every two years.

F. Staff must be retrained upon a significant change in policy.

A County approved HIPAA training module is available through Performance Education Resource Center's (PERC) learning management system. Contact the Human Resources, Office of Compliance and Ethics for guidance.

This Standard Practice shall not be construed as relieving departments of their responsibility to develop full and complete departmental policies, procedures, and practices necessary to expand and tailor this overall County Policy to the particular needs of their departments

**LEAD DEPARTMENT**

Human Resources