LOS ANGELES GENERAL MEDICAL CENTER POLICY

Subject: **PRIVACY-RELATED POLICIES: IMPLEMENTING CHANGES TO**	Original Issue Date: 4/14/03	Policy # **135.2**
	Supersedes: 9/13/16	Effective Date: 9/21/23

Policy Owner(s): Administrator, Privacy Office Executive Sponsor(s): Chief Operations Officer		
Department(s) and Committee(s) Consulted: Health Information Management HIPAA Compliance Office Office of Regulatory Affairs	Reviewed & approved by: Attending Staff Association Executive Committee Senior Executive Officer	Approved by: Chief Operations Officer Chief Executive Officer

PURPOSE

Establish policy for implementing changes to Los Angeles General Medical Center policies and procedures developed to comply with Standards of the Health Insurance Portability and Accountability Act (HIPAA) of 1996, 45 Code of Federal Regulations Parts160 and164 and privacy related regulations.

POLICY

Los Angeles General Medical Center will take steps to ensure that it implements changes to privacy-related policies as necessary to comply with changes in applicable law. The Medical Center will maintain all privacy-related policies in its Medical Center Policy Manual. Such manual will be available for its entire workforce to review. Policies shall be accessible electronically through the policy library within the intranet.

DEFINITIONS

Protected Health Information ("PHI")   Information that (1) is created or received by a health care provider, health plan, employer, or health care clearinghouse; (2) relates to the past, present, or future physical or mental health or condition of an individual; (3) relates to the provision of health care to an individual, or the past, present, or future payment for the provision of health care to an individual; and (4) identifies the individual (or for which there is a reasonable basis for believing that the information can be used to identify the individual).

Disclose and Disclosure   With respect to protected health information (PHI), the terms mean the release of, transfer of, provision of access to, or divulging in any manner, PHI outside of the Medical Center's internal operations or to other than its workforce members.

Use or Uses   With respect to PHI, the sharing, employment, application, utilization, examination, or analysis of such information within the Medical Center's internal operations.

DISTRIBUTION: Los Angeles General Medical Center Policy Manual

Subject:	Effective Date: 9/21/23	Policy # **135.2**
PRIVACY-RELATED POLICIES: **IMPLEMENTING CHANGES TO**	Chief Executive Officer's Initials:	

Workforce or
Workforce Members   Employees, volunteers, trainees, and other persons whose conduct, in the performance of work for the Medical Center, is under the direct control of the Medical Center, whether or not they are paid by the County.

PROCEDURE

Changes To Policies and Procedures Due To Changes In Law

- The Medical Center must promptly make changes to privacy-related policies whenever a change in law necessitates such a revision. The Medical Center HIPAA Compliance Officer (Privacy Officer) or designee will be responsible for keeping abreast of changes in the law that could affect the Medical Center privacy-related policies. The Privacy Officer must timely notify the Medical Center Executive Council of any such changes.

- The Privacy Officer, in consultation with the DHS Privacy Officer, is responsible for promptly making changes to Medical Center privacy-related policies and sending the revised policies to the Office of Regulatory Affairs for approval process handling.

- The Medical Center is responsible for notifying and training all of its workforce whose duties are affected by the changes in the privacy-related policies, in accordance with DHS Policy No. 361.24, "Privacy and Confidentiality Training" and Medical Center Policy No. 544.1, "Protected Health Information: Privacy And Confidentiality Workforce Training."

- After receipt from DHS, the Medical Center will promptly distribute any revised DHS *Joint Notice of Privacy Practices* (*Privacy Notice*) in accordance with Medical Center Policy No. 216.1, "Privacy Practices Joint Notice Distribution."

Changes in Privacy Practices Stated in the DHS Joint Notice of Privacy Practices

- After receiving notification from DHS about a change in a privacy practice that is stated in the Privacy Notice, the Medical Center must:

  A.   Promptly distribute the revised DHS Privacy Notice as set forth above.

  B.   Make the corresponding change(s) to the applicable privacy-related policies and ensure such policies comply with HIPAA and DHS privacy-related policies;

  C.   Document the revised privacy-related policies in accordance with DHS Policy No. 881, "Retention of Medical Records and X-Ray Films;" and

  D.   Ensure that a change to a privacy-related policy that affects the contents of the Privacy Notice is not implemented prior to the effective date of the revised Privacy Notice.

DISTRIBUTION: Los Angeles General Medical Center Policy Manual

Subject:	Effective Date:	Policy #
PRIVACY-RELATED POLICIES: IMPLEMENTING CHANGES TO	9/21/23	**135.2**
	Chief Executive Officer's Initials:	

Contact For Questions

If a workforce member has any questions about implementing changes to privacy-related policies, such workforce member should contact the Medical Center HIPAA Compliance Office.

REFERENCES

TJC IM 02.01.01
CMS 482.13(d), 482.24(b)
45 Code of Federal Regulations Parts 160 and 164
DHS Policy No. 361.2, "Notice of Privacy Practices"
DHS Policy No. 361.22, "Implementing Changes to Privacy-Related Policies"
DHS Policy No. 361.24, "Privacy and Confidentiality Training"
DHS Policy No. 881, "Retention of Medical Records and X-Ray Films"
Medical Center Policy #216.1, "Privacy Practices Joint Notice Distribution"
Medical Center Policy #544.1 "Protected Health Information: Privacy And Confidentiality
Workforce Training"

REVISION DATES

April 10, 2007; September 25, 2008; July 9, 2013, September 13, 2016; September 21, 2023