**HIPAA FAQ’s**

**1. Who are the covered entities (CE’s) at UNCG?**

* **Psychology Clinic**
* **Speech and Hearing Clinic**
* **Speech and Hearing Program (Gateway North)**
* **Student Health Services**

**2. What is the role of the HIPAA Privacy officer at UNCG?**

* The Privacy officer is responsible for providing information, receiving complaints and handling the administration of patients’ records rights such as access, amendment, and confidential communications.
* The HIPAA Privacy officer at UNCG is Leigh Olsen, Leigh.Olsen@uncg.edu, 334-5398 Assistant Vice Provost of Faculty Services, Office of the Provost

**3. What is the role of the HIPAA Security officer at UNCG?**

* The Security officer is responsible for the development and implementation of the policies and procedures required by the HIPAA Security Rule**.**
* The HIPAA Security officer at UNCG is, Joel Dunn, j\_dunn@uncg.edu, 334-9825 Associate Vice Chancellor for Administrative Systems, Information Technology Services

**4. What information does the IRB need if I am working with HIPAA-related data or PHI?**

* The IRB requests one or both of the following when reviewing an IRB submission using PHI:
1. **HIPAA authorization** – written permission from the patients that allows use or disclosure of their protected health information for purposes other than treatment, payment or health care operations. This is usually obtained from the covered entity.
2. **HIPAA Waiver of Authorization**- Under limited circumstances, a waiver of the requirement for authorization for use or disclosure of private health information may be obtained from the IRB by the researcher. A waiver of authorization can be approved only if specific criteria have been met.

Further information can be found inthe [Application to Use PHI in Research](file:///%5C%5Cspartandrive%5Cdepartments%5CCOMPLIANCE-11503%5CDepartment%5CIRB%5CForms%20and%20Applications%5C2011%20Forms_Documents%20Revised%5CApplicationtoUsePHIinResearch.docx), available on the ORI website at [integrity.uncg.edu](http://integrity.uncg.edu/).

**5. When would I need the UNCG Business Associate Agreement?**

If other parties haveaccess to, or may need to review, PHI pertaining to the coveredentity’s patients, a covered entity (CE) may have to enter business associateagreements with a number of other parties with whom the coveredentity has a business relationship. Business associates of the UNCG covered entities may be other UNCG units that perform work on behalf of the CE; and UNCG units may also serve as a business associate to a CE other than UNCG.

**6. Where can I find the UNCG Business Associates agreement?**

* The Office of the Provost website: <http://www.uncg.edu/ucn/forms/hipaa_baa.pdf>

**7. What are three ways a researcher can collect PHI without adhering to HIPAA regulations?**

* When it is de-identified from the covered entity.
* When it has been given to the participant by the doctor and that participant provided it to the researcher.
* When it is given to the researcher through interviews or questionnaires from the participants as part of the study.

**8. Where can I find additional HIPAA information?**

* HIPAA Compliance policy <http://policy.uncg.edu/hipaa/>
* UNCG Office of the Provost for more information on HIPAA policies at UNCG <http://provost.uncg.edu/publications/general/hipaa.aspx>
* Protecting Personal Health Information in Research: Understanding the

HIPAA Privacy Rule from the DHHSwebsite <http://privacyruleandresearch.nih.gov/pdf/HIPAA_Booklet_4-14-2003.pdf>