

# University Physicians Inc.



## TRAINING POLICY

**Latest Revision:**

**Original Effective Date: April 4, 2003**

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**Purpose**

The purpose of this policy is to outline training requirements for UPI employees relative to HIPAA.

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**Policy**

UPI will train members of its workforce on appropriate policies and procedures as required by HIPAA. Training will be conducted so that each employee may carry out his or her duties within the organization in compliance with HIPAA requirements. This training shall be appropriate to the job function and extent of access to PHI.

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**Procedure**

UPI will train each member of the existing workforce no later than April 14, 2003. Successful completion of this training must occur before a person is granted access to PHI after April 14, 2003.

UCHSC, UCH, TCH, National Jewish, Denver Health and UPI have all agreed to common "Affiliate Principles" regarding HIPAA. 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 these affiliate organizations will be certified by all 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.

Thereafter, UPI shall provide training to new member of the workforce within a reasonable time from their date of hire. This training shall be offered on an on-going basis.

UPI shall maintain documentation on what training has been provided to each member of the workforce. Training documentation will be maintained by the Privacy Officer for a period of time no less than six years.

UPI 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 an increased handling of PHI.

If a member of the workforce does not complete his or her training in timely manner, UPI may take disciplinary action, up to and including termination of employment.

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**Definitions**

See glossary for key terms and acronyms used in this policy.  
(On file with Privacy Officer)

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**Enforcement**

Enforcement of this policy will reside with the Privacy Officer or appropriate Management.

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**Rationale/  
Source**

This policy complies with requirements of the following:

- Health Insurance Portability and Accountability Act (HIPAA)

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**Cross  
References**

For additional information, refer to the following:

Document Name
UPI Job Classification Matrix (On file with the Privacy Officer)
PHI Access Justifications (On File with the Privacy Officer)

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**Review or  
Revision Date**

This policy is reviewed and approved annually, and as revised.

MM/DD/YYYY	MM/DD/YYYY	MM/DD/YYYY	MM/DD/YYYY

**Governance**

Responsibility for adoption and/or implementation of this policy is as follows:

Approving Body		Executive Approval	
<b>Privacy Officer:</b>	<b>04/04/03</b>	<b>Chief Operating Officer:</b>	<b>04/04/03</b>
<b>Signature on file.</b>	<b>Date</b>	<b>Signature on file.</b>	<b>Date</b>