



Standard Administrative Policy and Procedure

Subject: HIPAA Hybrid Entity Designation

Number: UW SAP 7-9.12

I. PURPOSE

The Health Insurance Portability and Accountability Act ("HIPAA") and its implementing regulations apply to individuals and organizations that are considered "Covered Entities," which include: (1) group health plans; (2) health care providers who conduct certain transactions electronically, including but not limited to transmission of health care claims, health care payments, enrollment in a health plan, and referral authorizations; (3) health care clearinghouses; and, (4) Business Associates of any Covered Entities. While most of UW does not fall within the definitions for a Covered Entity under HIPAA, some units within the University of Wyoming ("UW") may perform functions that bring them within the definition of a Covered Entity or the unit may be a Business Associate to a Covered Entity under HIPAA.

II. DEFINITIONS

Business Associate: A person or entity that creates, receives, maintains, or transmits Protected Health Information on behalf of a Covered Entity, including subcontractor.

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

Health Care Component: The component or combination of components that UW has designated in accordance with 45 C.F.R. Part 164.105(a).

HIPAA: The Health Insurance Portability and Accountability Act of 1996, Pub. L. No. 104- 191, including relevant amendments under the Health Information Technology for Economic and Clinical Health Act ("HITECH Act"), and the final regulations to such Acts that the U.S. Department of Health and Human Services ("HHS") has promulgated and set forth in 45 C.F.R. Parts 160 and 164 (collectively, the "HIPAA Rules").

Individually Identifiable Health Information ("IIHI"): Information that, regardless of its form, (a) is created or received by a health care provider, health plan, employer, or health care clearinghouse; (b) relates to past, present, or future physical or mental health, condition, treatment, or payment; and (c) identifies an individual, or for which there is a reasonable basis to believe can be used to identify an individual.

Privacy Rule: HIPAA Standards for Privacy of Individually Identifiable Health Information at 45 C.F.R Parts 160 and 164, Subparts A and E.

Protected Health Information ("PHI"): Individually Identifiable Health Information maintained or transmitted in any form or medium; provided, however, that PHI excludes IHI that is:

Education records, as defined and covered by the Family Education Rights and Privacy Act, 20 U.S.C. §§ 1232g ("FERPA");

Treatment records used only in connection with the provision of treatment to a student; or,

Employment records maintained by UW in its role as an employer.

Security Rule: Security Standards for the Protection of Electronic Protected Health Information at 45 C.F.R. Parts 160 and 164, Subparts A and C.

Workforce: Employees, volunteers, trainees, and other persons whose conduct, in the performance of work for a Health Care Component, is under the direct control of the Health Care Component, whether or not they are paid by the Health Care Component.

III. POLICY

Organizations such as UW that have both Covered Entity components and non-Covered Entity components may choose to designate themselves as "hybrid entities" under HIPAA. To do so, UW must designate and include as part of its HIPAA "health care component" those components that would meet the definition of a Covered Entity if they were separate legal entities. Although UW, as the Covered Entity, remains responsible for oversight, compliance, and enforcement obligations, if UW elects to designate as a hybrid entity, the HIPAA requirements will then apply only to its designated health care components.

IV. DESIGNATION AS A HYBRID ENTITY

By the adoption of this SAP, UW identifies itself as a hybrid entity and sets forth the University's designated healthcare components that must comply with HIPAA requirements, as provided by 45 C.F.R. 164.103 and 45 C.F.R. 164.105.

V. DESIGNATED HEALTHCARE COMPONENTS

A. Designation of Components. The designated health care components are listed on the University College of Health Sciences website as, "University of Wyoming Designated Health Care Components." The designated healthcare components ("HCC") include:

1. Any component that meets the definition of covered entity if it were a separate legal entity;
2. Components only to the extent that they perform covered functions; and,

3. Components that provide business associate services to components that perform covered functions.
- B. Review. The University will periodically review and amend its designated components but no less frequently than annually.
 - C. Records. The designations of healthcare components shall be retained for at least six (6) years following any decision to terminate any division or department from the health care components. Designations should be retained indefinitely for on-going healthcare components.

VI. UNIVERSITY RESPONSIBILITY

The University shall ensure that the designated health care components comply with applicable HIPAA requirements under 45 C.F.R. 164.105.

- A. The Dean of Health Sciences is designated as the UW HIPAA Privacy Officer.
- B. The Vice President for Information Technology is designated as the UW HIPAA Security Officer.
- C. These Officers shall be the UW points-of-contact regarding HIPAA related issues. The Privacy and Security Officers will oversee UW HIPAA policies and procedures and develop processes for responding to complaints, breaches or potential violations of HIPAA, in consultation with the Office of General Counsel.

VII. HEALTHCARE COMPONENTS RESPONSIBILITY

- A. Procedure. Each covered component will designate one individual as the HIPAA privacy and security official to establish and implement HIPAA policies and procedures. The policies and procedures will comply with the requirements of HIPAA and will include, but not be limited to, a description of:
 1. Mechanisms to control the flow of Protected Health Information from the Covered Component to Non-Covered Components;
 2. Physical, administrative, and procedural safeguards to ensure Protected Health Information is not improperly obtained or used by Non-Covered Components;
 3. Methods to ensure that UW Personnel from Non-Covered Components who have access to Protected Health Information to perform support functions for the Covered Component are included in policy updates, training programs and compliance audits;
 4. Steps to provide adequate separation when staff is shared between the Covered and Non-Covered Components.

VIII. NO RETALIATION

UW will not intimidate, threaten, coerce, discriminate or retaliate against an individual for exercising any rights under, or participating in any applicable process established by the HIPAA privacy regulations, including filing a complaint, testifying, assisting or participating in an investigation, compliance review, proceeding, or hearing under Subpart C of the Privacy Rule or opposing any act or practice made unlawful by the Privacy Rule, provided the person has a good faith belief that the practice is unlawful and the manner of opposition is reasonable and does not involve a disclosure of Protected Health Information in violation of HIPAA.

Responsible Division/Unit: College of Health Sciences and Division of Information Technology

Source: 45 C.F.R. 164.105

Links: <http://www.uwyo.edu/regs-policies>

Associated Regulations, Policies, and Forms: None

Approved: 8-2-2022