



HEALTH RESEARCH ASSOCIATION

1640 Marengo Street – 7th Floor
Los Angeles, CA 90033

POLICY & PROCEDURE

Subject: HIPAA REGULATIONS		Issued By: IDS PHARMACY	
		Approved By: Kathleen R. Hurtado R.Ph. HRA's President & CEO	
Policy #: 2017	Issue Date: April 12, 2006	Revised Date: November 1, 2006	Effective Date: November 1, 2006

Reference: Original HIPAA policy dated 4-12-2006.

PURPOSE

To ensure that the IDS Pharmacy remains HIPAA compliant.

BACKGROUND

The "Privacy Rule" also known as the Health Insurance Portability and Accountability Act went into effect April 14, 2003. Its purpose is to establish minimum Federal standards for safeguarding the privacy of individuals' identifiable health information. The law generally prohibits health care providers such as health care practitioners, hospitals, nursing facilities and clinics from using or disclosing "protected health information" without written authorization from the individual. "Protected Health Information" (PHI) is any identifiable health information relating to the individual's past, present or future physical or mental health condition or payment for health care. When health information is individually identifiable and is held by a "covered entity" (under the Privacy Rule a covered entity is defined as: a health plan, a health care clearinghouse, or a health care provider who transmits health information in electronic form in connection with a transaction for which HHS has adopted a standard) it is likely to be protected health information. The HIPAA rule governs the use of individually-identifiable health information when it is protected health information (PHI).

[HIPAA Privacy Rule](#) (Office for Civil Rights)

[HIPAA Privacy Rule – Information for Researchers](#) (NIH Guidance)

[HIPAA Privacy Rule at USC](#) (USC Office of Compliance)

[HIPAA Education Program](#) **Note: All IDS Staff must complete this educational program!**

[USC HIPAA Forms and Instructions](#)

POLICY

1. **IDS WILL COMPLY WITH ALL HIPAA REGULATIONS:** The IDS Pharmacy will comply with all HIPAA regulations. Staff will complete the HIPAA Education Program described above upon new hire, and periodically thereafter.



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GUIDELINES & PROCEDURES

1. **WRITTEN STUDY-RELATED MATERIALS ARE CONFIDENTIAL:** Any patient-related written materials, including study-related documents, shall be considered confidential and must be shredded upon disposal;
2. **CONCEAL PATIENT ID DURING STUDY DRUG DELIVERY:** When delivering study medications, the identity of the patient on the bags containing study medication must be covered;
3. **USE INITIALS INSTEAD OF PATIENT NAMES WHEREVER POSSIBLE:** Wherever possible, use a patient's initials, instead of their names, in order to better maintain patient privacy;
4. **IMMEDIATELY REPORT ANY HIPAA VIOLATIONS:** Any violation of patient confidentiality must be immediately reported to the IDS Pharmacist in Charge and to HRA's President & CEO. The Pharmacist in Charge is solely responsible for ensuring that a particular HIPAA confidentiality violation is never repeated.

RESPONSIBILITY

Pharmacist in Charge
All IDS Staff