

## REXEL UNIVERSITY Acknowledgment of Responsibility to Read and Comply with HIPAA Privacy and Security Awareness and Training

## Required within 30 Days of Hire

HIPAA Security regulations require the College of Medicine to ensure the confidentiality, integrity and availability of all electronic protected health information also known as "e- P H I." We meet our responsibility by educating the entire workforce of the School as appropriate for the position or role held by each individual while at work. Non-clinical faculty and staff and those not directly involved in human subject research (e.g. Basic Science faculty and staff) need only read this to meet the training requirements for the nature of the work performed for the School. A signed copy of this form should be retained as proof of training for the supervisor.

Note that if one is employed in clinically active role (involved with patients as a clinician and/or employed in a clinical department in any job/role/function) or involved in human subject's research specific different training requirements apply and must be completed within 30 days of hire.

Once "Clinically active" all faculty and staff must complete web training at: <a href="http://webcampus.drexelmed.edu/hipaa/">http://webcampus.drexelmed.edu/hipaa/</a>

Once involved in Human Subjects research all faculty and staff must also complete the web training at: https://apps.research.drexel.edu/train/login.asp

The goal of the Privacy Program is to protect all electronic protected health information including information created, received, stored or maintained and/or transmitted electronically using any electronic media whether 'storage media" or "transmission media". Included for example are desktop computers, laptops, PDAs, tapes, diskettes, CD ROM, DVD, and USB stick type memory resources. Penalties for HIPAA Security violations escalate according to severity of the e-PHI breach. Basic violations are calculated at the rate of \$ 100 per person per violation and not more than \$ 25,000. Penalties for "Knowing misuse of e-PHI" escalate according to the purpose of the misuse. No more than \$50,000 and not more than one year imprisonment may be assigned for knowing misuse without misrepresentation, profit or malicious intent. Misuse under false pretenses carries a fine of not more than \$ 100,000 and not more than five years in prison. Misuse with intent to sell, for personal gain or with malicious intent renders a fine of not more than \$250,000 and/or imprisonment of not more than 10 years.

HIPPA Security violations will be investigated by the HIPAA Security Officer and the HIPAA Privacy Officer in consultation with department administration and the appropriate Dean or Vice-President. If you have any questions concerning information or network security please contact the Privacy Officer at 215-255-7819 or call the Confidential HOTLINE at 866-936-1010. Report any unusual e-mail activity immediately to 215-762-1999.

Name		
Department		
Signature	Date	