

# HIPAA Hybrid Designation

## Policy Statement

This policy designates the University of Connecticut as a Hybrid Entity under the Health Insurance Portability and Accountability Act (HIPAA) and identifies its health care components subject to HIPAA's privacy and security provisions.

## Scope and Distribution

The policies and procedures in the *UConn HIPAA Privacy & Security Practices Manual* apply to those clinics, units, departments, faculty and/or staff identified below as health care components of the University (collectively referred to as "HIPAA-Covered Components" throughout this *Manual*).

## Definitions

These terms have the following meaning:

"Covered Entity" means one or more of the following:

- A health plan;
- A health care clearinghouse; or
- A health care provider who transmits protected health information in electronic form in connection with a HIPAA covered transaction.

"HIPAA-Covered Component" means a component or combination of components of the University designated as part of its HIPAA hybrid. The component or combination of components includes any persons or offices of the covered entity that:

- performs the functions of a covered entity;
- engages in activities that would make it a business associate of the covered entity if both were separate legal entities;
- would meet the definition of a covered entity if it were a separate entity; or
- units, departments, faculty and/or staff who serve as a business associate of a covered entity other than the University of Connecticut.

"Hybrid Entity" means a single legal entity that is also a covered entity whose business activities include both covered and non-covered functions and that designates its health care components. The University of Connecticut's primary functions are education and research, not health care. However, because the University does have offices, departments or units that engage in HIPAA covered functions and function as HIPAA-Covered Components, the University of Connecticut is designated as a Hybrid Entity.

Effective: 8/2014

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## Designated UConn HIPAA-Covered Components

The following are designated as HIPAA-Covered Components of the University of Connecticut:<sup>1</sup>

|  | <u>Department or Unit</u>   | <u>Function</u>   |
|--|---|---|
| <b>Clinics</b>   | Speech & Hearing Clinic (CLAS)  | Covered Component   |
|  | Nayden Rehabilitation Clinic (AHNR)   | Covered Component   |
|  |   |   |
| <b>First Responders</b>                                      | UConn Fire Department   | Covered Component <sup>2</sup>  |
|  | Student Health Services—non-student records   | The provision of health care services to UConn students is covered by FERPA, rather than HIPAA. However, to the extent that SHS begins treating non-students or accessing non-student record, they would be covered by HIPAA. |
|  |   |   |
| <b>Individual Faculty/Staff</b>                              | Various Academic Department and Units   | Business Associate of a non-UConn Covered Entity, or of one of the University's Covered Components  |
|  |   |   |
| <b>Administrative Support Staff/Internal UConn Resources</b> | Compliance Office staff, particularly the University's Privacy Officer                        | Individual members of the offices listed provide support or advice to the covered components or business associates listed in this chart and who may access or have access to PHI are covered by HIPAA.                       |
|  | Audit & Management Advisory Services  |   |
|  | Information Security Office staff (UITS), particularly the Chief Information Security Officer |   |

<sup>1</sup> Note that the UConn Health is considered a separate agency for HIPAA purposes. UConn Health maintains its own HIPAA structure, policies, procedures and forms.

<sup>2</sup> As of October 1, 2014.

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|  |   |  |
|--|---|--|
|  | Office of General Counsel attorneys   |  |
|  | UITS staff  |  |
|  | Academic IT staff who provide IT support to the covered components or business associates listed in this chart (Academic Schools/Departments)   |  |
|  | Accounts Payable/Receivable staff who may deal with billing or collections related to the provision of health care related services.  |  |
|  | Office of Research Compliance/ Institutional Review Board (IRB) staff who may need to assess, review or be provided access to PHI to investigate research misconduct where a HIPAA Research Waiver may not apply. |  |
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