

Protected Health Information and HIPAA Policy

Effective Date:	June 24, 2024
Supersedes:	Confidentiality of Health Information Policy, effective September 27, 2004
Policy Review Date:	To be reviewed every 3 years from effective date
Issuing Authority:	Research Foundation President
Policy Owner:	Chief Compliance Officer
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Reason for Policy

The Research Foundation for SUNY (“RF”) is committed to protecting the privacy and confidentiality of Protected Health Information, as defined under HIPAA, (“PHI”) of the population it serves.

Statement of Policy

Healthcare Services

As a private, nonprofit education corporation, the RF does not provide health care services. RF activity may, however, include fiscal administration of SUNY clinical trials or other sponsored medical research or training conducted by credentialed medical providers. For clarity, Protected Health Information is not collected or stored in RF Systems.

If an adverse event occurs during such an RF administered activity, required medical care that is provided by SUNY is an activity of SUNY, not the RF.

The RF does not authorize RF employees to have access to Protected Health Information, unless access is appropriate under a staffing services agreement as described below and in direct support of SUNY’s healthcare mission at the direction of SUNY. Research Foundation employees’ involvement in licensed clinical care or healthcare services (which is governed by applicable federal and state laws, rules, and regulations and SUNY policy, including HIPAA) is carried out at the direction of SUNY faculty or campus leaders as agents of SUNY, consistent with SUNY’s healthcare mission and all such RF employees are members of the SUNY Workforce as defined in HIPAA. All clinical/healthcare activities are performed at a properly licensed SUNY facility, governed by applicable law and SUNY policy and utilizing local computer systems and networks.

For purposes of this policy, those RF employees directly supporting SUNY's provision of healthcare services are deemed to be performing a SUNY function. Individuals whose SUNY directed jobs involve access and use of PHI to perform or support healthcare must follow their campus's policies and procedures relating to PHI and HIPAA.

When an RF employee is assigned to a SUNY related Clinical Practice Management Plan pursuant to a staffing services agreement, that RF employee is part of the workforce of the Practice Group that directs the activity of that RF employee and is subject to the Practice Group's rules with regard to HIPAA compliance.

Administration of Health Insurance Plans

Subject to the provisions of this policy outlined above, the RF authorizes access and use of PHI for only those individuals whose RF jobs involve the administration of health insurance plans at the Research Foundation Central Office, and this access and use is authorized only to the minimal extent necessary to accomplish their jobs. Individuals whose SUNY jobs, as described above, involve access and use of PHI must follow their campus's policies and procedures relating to PHI and HIPAA.

Responsibilities

This policy identifies the following responsibilities as assigned to those cited below.

Responsible Party	Responsibility
<ul style="list-style-type: none"> • Employees • Volunteers • Students participating in a health-related program administered by the Research Foundation (including medical interns and residents) • Agency and contracted staff (including temporary staff) • Consultants • Contractors and subcontractors • Faculty performing services on Research Foundation administered programs 	<p>Comply with this policy and related procedures and with any applicable rules of SUNY or Clinical Practice Plans.</p>
<ul style="list-style-type: none"> • Credentialed staff of a hospital who perform services on Research Foundation administered programs 	<p>Comply with this policy and related procedures. Understand that any medical care provided in response to an adverse event occurring during an RF activity is an activity of SUNY, not the RF.</p>
<p>Individuals who administer health insurance plans</p>	<p>Access PHI only to the minimal extent necessary to accomplish authorized tasks.</p>

Definitions

Protected Health Information ("PHI")- is created or received by a health care provider, health plan, public health authority, employer, life insurer, school or university, or health care clearinghouse; and relates to the past, present, or future physical or mental health or condition of an individual. As further defined under HIPAA at 45 USC 160.103.

RF System - any system owned and operated at the RF Central Office whether or not used or accessed. Any other system, whether paid for with RF funds, or operated by employees on the payroll of the RF, are not considered RF systems)

Related Information

[Privacy and Security of Protected Health Information Procedure](#)
[Agency Services Policy](#)
[SUNY Privacy and Safety on Campus: A Legal Framework](#)
[SUNY Notice of HIPAA Privacy Practices](#)

Change History

Date	Summary of Changes
June 24, 2024	Clarified the RF's involvement with healthcare services. Updated to address circumstance of emergency health care being provided in response to adverse medical event while acting under sponsored activity. Moved sections on confidentiality agreements and education/training to Privacy and Security of PHI Procedure. Responsibilities table, definitions, and related information updated. Changed Policy Owner.
December 31, 2009	Repair Policy on Disciplinary Action Regarding a Breach of Confidentiality of protected Health Information (PHI) link.
September 27, 2004	Revised Statement of Policy section to remove "Individuals who administer research projects with human subjects" as authorized to access health information.
March 31, 2003	New Document

Feedback

Was this document clear and easy to follow? Please send your feedback to webfeedback@rfsuny.org.