City and County of San Francisco
Daniel Lurie, Mayor

San Francisco Department of Public Health
Daniel Tsai
Director of Health

San Francisco Department of Public Health

*Policy & Procedure Detail**

Policy & Procedure Title: A.2.0 HIPAA Administrative Requirements	
Category: Privacy	
Effective Date: 11/1/2012	**Last Reviewed/Revised Date:** 01/20/2026
DPH Unit of Origin: Office of Compliance & Privacy Affairs	
Policy Contact - Employee Name and Title; and/or DPH Division: Office of Compliance & Privacy Affairs (OCPA)	
Contact Phone Number(s): (855) 729-6040	
Distribution: DPH-wide ☒	**If not DPH-wide, other distribution:**

All sections in table required. Updated 3/2014

I. **Purpose and Scope:**

A. **Purpose:** The purpose of this administrative policy is to provide San Francisco Department of Public Health (DPH) workforce members with general administrative policies and procedures that, (in accordance with the Health Insurance Portability and Accountability Act (HIPAA) Privacy Rule, help secure the privacy of health information and protect the privacy rights of individuals who have entrusted their protected health information (PHI) to DPH.

B. **Scope:** This policy establishes the standards that DPH employs to protect its patients' PHI. This policy outlines requirements necessary to PHI in accordance with HIPAA. HIPAA requires DPH to adopt and implement administrative policies and procedures designed to secure the privacy of PHI and protect the privacy rights of individuals who have entrusted their PHI to DPH.

II. **Definitions:**

A. **Workforce Member:** Refers to DPH employees, UCSF employees providing services for DPH, volunteers, trainees, and other persons whose conduct, in the performance of work for a covered entity or business associate, is under the direct control of DPH whether they are paid by DPH.

III. **Responsibility for Implementation or Policy and Investigations:**

A. **Privacy Official:** The Director of the Office of Compliance and Privacy Affairs (OCPA)/Chief Integrity Officer is the privacy official responsible for developing and implementing policies and procedures regarding HIPAA as well as other Federal and State privacy policies.

Privacy Office: OCPA (under the direction of the Director of OCPA) is responsible for receiving and investigating complaints from individuals who believe that DPH has violated Federal, or State laws governing PHI and confidential patient information, and for ensuring the DPH PHI is appropriately safeguarded against unauthorized use and disclosure.

IV. **Training:**

A. **Responsibility:**

1. **DPH Responsibility:** It is the responsibility of DPH, through the Director of OCPA, to ensure all workforce members who produce, transcribe, store, transmit, or otherwise have access to DPH PHI complete annual privacy training that consists of but is not limited to:

   a. On-line specialized healthcare privacy training where accessible,
   b. In-service specialized healthcare privacy training where on-line training is unavailable, or
   c. Printed, electronic, and in-service consulting resources are made available through OCPA.

2. **Regulatory Changes:** Any material changes in HIPAA, Federal, or State healthcare privacy laws will be incorporated in the annual training. If more immediate action is required, communications will be sent to advice workforce members of new material regulatory requirements.

3. **Corrective Actions:** OCPA may require additional privacy training of workforce members as part of a corrective action plan for a privacy incident or breach.

4. **Department Managers and Supervisors:** Department managers and supervisors are responsible for verifying that their staff have completed DPH's annual privacy training sufficiently to perform their duties in compliance with healthcare privacy regulations and policies and procedures. Department managers and supervisors are responsible for providing and/or requesting specialized health information privacy training for personnel who report to them. Department managers and supervisors are responsible for identifying and notifying OCPA of any unmet healthcare privacy requirements within their departments.

5. **Workforce Members:** Workforce members are responsible for completing privacy training as new workforce members, annual privacy training, and any specialized healthcare privacy training brought to their attention by DPH managers or supervisors or OCPA. Workforce members are responsible for notifying their managers or supervisors of any unmet specialized healthcare privacy training needs that come to their attention.

B. **Training Documentation:**

1. **Attestation of Completion:** The on-line (electronic) training systems have documentation of privacy training records including signing of the User Agreement for Confidentiality, Data Security and Electronic Signature. These training records will be available for at least six (6) years.

V. **Complaints to DPH:**

A. **Submitting Complaints:** DPH shall establish and maintain a process for workforce members to register complaints regarding possible healthcare privacy violations, its privacy policies and procedures, and/or its compliance with those policies and procedures. Individuals may contact their site Privacy Officer, email OCPA at compliance.privacy@sfdph.org or call the DPH Compliance and Privacy Hotline at (855) 729-6040. Individuals may report their concerns anonymously.

B. **Documentation of Complaints:** OCPA shall document all complaints received regarding management of PHI and document the disposition of those complaints. Documentation shall be retained as required by

law.

C. **Retaliation Prohibited:** DPH workforce members shall not intimidate, threaten, coerce, discriminate against, or take other retaliatory action against any individual who files a complaint with DPH or with the Department of Health and Human Services.

D. **Complaints by Patients:**

1. DPH's Notice of Privacy Practices (NPP) shall direct individuals to submit a complaint regarding management of PHI to OCPA. The NPP also indicates that a complaint can be made directly to the Secretary of Health and Human Services (HHS).

2. OCPA shall receive and review all complaints regarding the management of an individual's protected health information.

E. **Disposition of Complaint:**

1. **No Action Taken**: If the review determines that the complaint is without merit, no action will be taken. This disposition will be recorded.

2. **Further Investigation Required**: If OCPA determines that a breach of policy or procedure may have occurred, or that the complaint identifies a potential for process improvement, OCPA shall investigate the matter. When the investigation has been completed and the matter resolved, OCPA shall record the outcome and shall immediately implement steps to mitigate any potential harm.

3. **Documentation:** All complaints to DPH regarding DPH management of PHI and documentation of the disposition of those complaints shall be documented by OCPA in a manner conducive to retrieval for review and/or audit. The documentation shall be retained for a period of six years from the date of the complaint.

VI. **Policies and Procedures:**

A. **Responsibility:** OCPA shall develop, implement and enforce policies and procedures consistent with HIPAA, as well as applicable Federal and State privacy policies. The policies and procedures will be reasonably designed and consider the size and type of activities related to PHI undertaken by DPH.

B. **Policy Review:** When necessary, OCPA will revise these policies and procedures and update its training program to reflect applicable changes in HIPAA, Federal, and State law.

1. If the change in law materially affects the contents of the NPP, OCPA will promptly make appropriate revisions to the NPP. The revised policy and procedures (due to changes in the law) will not be implemented prior to the effective date of the revised NPP. The revised NPP Practices will be posted and made available to patients. OCPA may change, at any time, a policy or procedure that does not materially affect the NPP.

2. All policies and procedures (including revisions) will be documented and filed with the Office of Compliance and Privacy Affairs. All action, activity, or designation required by HIPAA, Federal and State laws should be documented and filed with OCPA. The documents will be maintained in electronic format in the OCPA shared drive on the DPH network for a period of at least six (6) years

after the creation date.

VII. **Administrative Safeguards to Protect PHI:**

A. **Responsibility:** The Director of OCPA shall work collaboratively with the Chief Information Officer and Chief Information Security Officer to ensure that proper safeguards are in place to ensure the use, access, and disclosure of PHI is consistent with HIPAA, Federal and State regulations.

B. **Review and Monitoring**: These safeguards shall include (but are not limited to) effective review and audit protocols to monitor individual use, access and disclosure of PHI maintained in any form across DPH. The Director of OCPA shall be responsible for overseeing routine access audits of the electronic health record and periodic site audits, to monitor inappropriate use, access, or disclosure of PHI.

VIII. **Sanctions:**

A. DPH will apply appropriate sanctions against members of the DPH workforce who fail to comply with DPH privacy policies and procedures, and the requirements of this Administrative Requirements policy. The employee's manager and/or human resources will determine and document any sanctions applied.

IX. **Mitigation:**

A. OCPA will mitigate to the extent practicable, any harmful effect (that is known) of a use or disclosure of PHI in violation of DPH policies and procedure and the requirements of this Administrative Requirements policy.

X. **Waiver of Rights:**

A. DPH may not require individuals to waive their rights under 45 CFR §160.306 as a condition of the provision of treatment, payment, enrollment in a health plan, or eligibility for benefits.

XI. **References:**

A. HIPAA Administrative Requirements: 45 CFR § 164.530

Last Reviewed/Revised Date: 10/18/2021; 01/20/2026