These procedures supplement and implement the Boston University HIPAA Policy Manual for BU Healthcare Provider Covered Components. GSDM adopted these procedures on October 1st, 2017.

The numbers of the procedures correlate to the policy numbers in the HIPAA Policy Manual

**1.2 HIPAA Contact:**

The GSDM HIPAA Contact is John F. Reilly, Director of Compliance and Quality Management. Correspondence can be sent to:

Henry M. Goldman School of Dental Medicine  
Attention: John F. Reilly, Director of Compliance and Quality Management  
100 East Newton Street, Room G317  
Boston, MA 02118  
jfreilly@bu.edu  
617-638-4993

**1.5 Designated Record Set:**

A. **Treatment Centers at 100 East Newton Street (GSDM)**

GSDM’s Designated Record Set is comprised of the entire Salud electronic medical record pertaining to the Individual except Diary Notes. This includes the Individual’s medical records that are used, in whole or in part to make decisions about an Individual and all billing records. In addition, for patients treated before September 2010, the Designated Record Set includes paper medical records.

*Locations* where the Designated Record Set is stored:

- At Recordkeeper secure storage facility for paper records (contracted by University Sourcing Department)
- On HIPAA compliant servers located at:  
  - 700 Albany St Room W-109

*Psychotherapy notes:* GSDM does not create or maintain psychotherapy notes.

B. **Dental Health Center located at 930 Commonwealth Avenue (DHC)**
DHC’s Designated Record Set is comprised of the entire Eaglesoft electronic medical record pertaining to the Individual. This includes the Individual’s medical records that are used, in whole or in part to make decisions about an Individual and all billing records. In addition, for patients treated before June 2012 the Designated Record Set includes paper medical records.

**Locations** where the Designated Record Set is stored:

- At Recordkeeper secure storage facility for paper records of non-current patients (contracted by University Sourcing Department)
- On HIPAA compliant servers located at:
  - Currently 930 Commonwealth Ave, plan in place to move to 881 Commonwealth Ave, Rack 881-A12

**Psychotherapy notes**: GSDM does not create or maintain psychotherapy notes.

**Exclusions**: The following records are not maintained in the electronic medical record, but in any event are specifically excluded from the definition of Designated Record Set:

- Data registries and depositaries
- Legal, risk management, internal audit or compliance records
- Information compiled for use in a civil, criminal or administrative action or proceeding
- Incident reports, such as those sent to the BU Police Department, BU Risk Management or BU Information Security
- Registration lists
- Quality Improvement records
- Office appointment records
- Research data
- Confidential Source Information: From time to time, family members and/or friends of the Individual may contact the health care provider to disclose information (such as safety information) about the Individual. These sources may request confidentiality to avoid disrupting the source’s relationship with the Individual. If the health care provider chooses to promise confidentiality to the source, such confidential information is to be maintained outside of the EMR, and it will not be part of the Designated Record Set. Confidential Source Information may be withheld from the Individual if the disclosure would be reasonably likely to reveal the source of the information. If a health care provider chooses to promise confidentiality, the confidential documentation must be maintained securely and it shall be marked by the health care provider as “Confidential: Not to be Shared with Patient.”

Also excluded from the Designated Record Set are the following items:

NONE
1.6 Designation of GSDM Workforce:

GSDM’s Workforce consists of all GSDM faculty, staff, contracted staff, volunteers, trainees and anyone else who provides or participates in any way in the provision of health care to GSDM patients. The HIPAA Contact, in coordination with GSDM IT and the GSDM Office of the Dean maintains the workforce list and is responsible for keeping it current.

GSDM uses active directory to identify current members of the workforce. GSDM IT receives a weekly onboarding and termination list from the GSDM Office of the Dean to compare to the active directory as a control to insure all members of the workforce have been accurately capture. A list of GSDM workforce members is available through the GSDM Compliance Portal.

1.7 Access to PHI

Granting or Modifying Access to PHI Procedure

Managers are responsible for initiating a request for, or changes to, a user’s security access as long as the user is in their group. Identified managers/Administrators (see Appendix A) can request new access, modify existing access and remove access. Requests are reviewed by GSDM IT and appropriate access to PHI is granted based on pre-defined roles.

When a manager/Administrators submits a request through the Online HIPAA Form at [http://dent-sp-s.bumc.bu.edu/portal/cgi-bin/scenario_2.cgi](http://dent-sp-s.bumc.bu.edu/portal/cgi-bin/scenario_2.cgi) (see instructions document Appendix B), an email is sent to the GSDM IT administrator notifying them of the request. The email contains pertinent information regarding the request, including the user’s identification and the requested access. HIPAA training is then verified and the request is processed.

The process for allowing access to PHI depends on the access requested. If the user requires share drive access, they are granted access to the network share. If the user requires EHR (Salud or Eaglesoft) access, an account is created and their access level is based on their title and role (see Appendix C). If the user requires MiPACS access, the account is created with access based on their title and role. The profiles in the EHR are built to reflect specific roles.

Once access is granted, the status is changed on the form from the administrator (GSDM IT) side and the requestor receives an email about the status. If a form is incorrect, it will be rejected and the manager is notified of the error found by the processor. The manager can then fix the errors and resubmit.

Student and resident HIPAA access is granted by the GSDM IT administrator. Access is granted based on class lists provided by the registrar’s office. Access is granted once the respective class is clinically active.

Termination of Access to PHI Procedure

Hiring managers are responsible for terminating access to PHI for users departing their group (i.e. termination or transfer). Hiring managers request termination of access by submitting a request through the Online HIPAA Form (see instructions document). Upon completion of the online HIPAA form, an email is sent to the GSDM IT administrator notifying them of the request. The GSDM IT administrator would take the appropriate action.
to remove or terminate access to PHI based on what access was previously granted to the user within that group.

Student and resident HIPAA access is revoked by the GSDM IT administrator. Once a student is signed out of SPS, the student’s access is revoked from all GSDM IT resources. Residents are removed once they have signed out of their program in Portal. Access may be revoked on a case by case basis.

**Workforce Member review and reconciliation**

On a weekly basis (first workday of each week), the GSDM Office of the Dean provides a list of newly hired or recently terminated workforce members to the GSDM IT administrator to match to HIPAA request forms. If an Online HIPAA Form has not be submitted for a terminated individual on the list, the GSDM IT administrator terminates the access and will contact both GSDM Office of the Dean and GSDM Compliance and Quality Management to take corrective action with the hiring manager.

**1.8 HIPAA Training:**

All Workforce members will receive BU HIPAA training before having any access to PHI. Annual re-training will be completed between October 1st and October 31st each year thereafter.

On September 1st annually the Unit HIPAA Contact will review and modify the communication document (see associated documents Appendix D). The approved communication document will be distributed by email from the GSDM Compliance and Quality Management (gsdmcomp@bu.edu) email account by the Compliance and Quality Management Program Administrator on October 1st annually. The Program Administrator will send out additional reminders at the beginning of each week during the month of October.

During the last week of September the Unit HIPAA Contact coordinates with SDM IT updated the HIPAA training within the Portal. Compliance is reflected within the GSDM Portal upon completion of the training module.

After the initial communication, the Unit HIPAA Contact begins monitoring HIPAA compliance progress on a weekly basis each Monday through the use of GSDM Portal. Beginning on October 14th, the Unit HIPAA Contact begins daily monitoring of HIPAA training compliance. The Compliance and Quality Management Program Administrator will send reminders to identified individuals who are not in compliance with training.

Beginning October 21st the Unit HIPAA Contact will identify Members of the GSDM Community that are non-compliant with HIPAA training. The HIPAA Contact will notify the immediate supervisor for those individuals. The supervisor will be directed to ensure that their staff has reviewed the training material and the staff have acknowledged/verified they have completed the training. Unit HIPAA Contact will review compliance reports daily and contact supervisors of non-compliant individuals daily until the end of the period.

October 31st a final notification will be sent to both the individual and their supervisor to complete the training prior to day end. Those individuals not in compliance with Annual Training will be reported to the GSDM
Compliance Committee and GSDM Office of the Dean and subject to applicable sanctions as outlined (see associated document Appendix E).

5.1 Release of Information Procedures:

The HIPAA Contact is responsible for ensuring the following procedures relating to release of PHI are followed.

Release of information GSDM Treatment Centers at 100 East Newton Street (School Clinic)

The desired benefit of this procedure is to assist Patient Coordinators, Practice Managers, Finance Coordinators, and the Record Room Supervisor in ensuring the timely and accurate processing of patients requests for protected health information. This procedure pertains only to the Treatment Centers located at 100 East Newton Street.

1. Patient In Person Requests for Protected Health Information

   a. Patients must request the release of protected health information in writing by using the GSDM Dental Treatment Center “Authorization to disclose protected health information” form. Printed copies of this form can be found at each of the front desk clinic locations and in the Office of Clinical Finance. Copies of this form are also available at http://www.bu.edu/hipaa/forms-for-health-care-providers/.

   b. The patient must complete the following sections on the form: Patient Information, including Name and Date of Birth, Recipient Information, Purpose of Request, Records to Disclose, Release of Sensitive Information (if applicable), Delivery of Records, and Signature.

   c. The GSDM Staff member receiving the request should complete the following information in the “FOR OFFICE USE” section: Date Authorization Received, Received by, Patient Dental Record Number.

   d. The GSDM Staff member receiving the request must verify the identity of the individual making the request by checking the individual’s identification (Driver’s License, State ID, or Passport) and comparing the information with that on record for the patient. A copy of the ID should be made and attached to the request. *Note: If individual is not able to provide proper identification, please have them go to Clinical Finance to speak with the Record Room Supervisor.*

   e. If patient will be picking up records in person, the GSDM Staff member receiving the request should inform the patient that they will need to present identification to the record room supervisor in order to have the records release into their possession.

   f. If the request is being made at a front desk clinic location, the Original Authorization for Release of Protected Health Information form should be sent to the Records supervisor at the end of the business day via the department cash bag. The patient should be informed that the Record Room Supervisor will process the request within 3 business days and patient will be notified accordingly.
g. If the request is being made in the Office of Clinical Finance, the Original Authorization for Release of Protected Health Information form should be placed in the Record Room Supervisors internal mail inbox.

2. Patient Requests for Protected Health Information by Telephone or Email

   a. Patients must request the release of protected health information in writing by using the GSDM Dental Treatment Center “Authorization to disclose protected health information” form. Copies of this form can be mailed to the patient for completion or the patient can be directed to http://www.bu.edu/dental/patients/dental-records/ for a copy of this form.

3. Preparation of Records for Request of Protected Health Information requested In Person

   a. On a daily basis, the GSDM Head Cashier will remove any Requests for Protected Health Information submitted in the Departmental cash bags and give the original copies of the form to the Record Room Supervisor.

   b. The Record Room Supervisor will log the request in a tracking log.

   c. The Record Room Supervisor will prepare the requested information based upon the “Records to be Disclosed” section of the form.

   d. The Record Room Supervisor will prepare the documents in the format outlined in the request: (CD-ROM, Paper, or electronic).

   e. If paper records or a CD-ROM are being requested for pick up or mailing, an envelope is prepared with a copy of the “Request for Protected Health Information form” attached. The record is matched to the attached request form prior to inserting the record into the envelope.

   f. If paper copies or CD-ROM are requested for in person pick up, the Record Room Supervisor will prepare an envelope for the records with a label stating, “Confidential Medical Records of [patient name]. Please do not open if you are not authorized to access these records.”

   g. For in person pick up of records, the patient’s identity must be verified by checking the individual’s identification (Driver’s License, State ID, or Passport) and comparing the information with that on the label of the envelope.

   h. Records with the “Delivery of Records” indicating mail, fax, or email, the Record Room Supervisor will verify the information on the request matches the patient record and will deliver the records in the indicated method.

   i. The Record Room Supervisor will scan the original Authorization for Request of Protected Health Information into the patient record.

   j. The Record Room Supervisor will complete the record request log with the date the records were sent or picked up.
4. Preparation of Records for Request of Protected Health Information submitted by mail, e-mail, or fax

a. On a daily basis the Record Room Supervisor will check the departmental e-mail, fax, and mail for submitted Authorization to Disclose Protected Health Information forms.

b. The Record Room Supervisor will log any new Authorization forms received in the tracking log.

c. The Record Room Supervisor will contact the patient by phone to confirm receipt of the Authorization form and to confirm the identity of the patient by having the patient confirm date of birth, address, and telephone number on file in the Clinical Information System.

d. The Record Room Supervisor will prepare the requested information based upon the “Records to be Disclosed” section of the form.

e. The Record Room Supervisor will prepare the documents in the format outlined in the request: (CD-ROM, Paper, or electronic).

f. If paper records or a CD-ROM are being requested for pick up or mailing, an envelope is prepared with a copy of the “Request for Protected Health Information form” attached. The record is matched to the attached request form prior to inserting the record into the envelope.

g. If paper copies or CD-ROM are requested for in person pick up, the Record Room Supervisor will prepare an envelope for the records with a label stating, “Confidential Medical Records of [patient name]. Please do not open if you are not authorized to access these records.”

h. For in person pick up of records, the patient’s identity must be verified by checking the individual’s identification (Driver’s License, State ID, or Passport) and comparing the information with that on the label of the envelope.

i. Records with the “Delivery of Records” indicating mail, fax, or email, the Record Room Supervisor will verify the information on the request matches the patient record and will deliver the records in the indicated method.

j. The Record Room Supervisor will scan the original Authorization for Request of Protected Health Information into the patient record.

k. The Record Room Supervisor will complete the record request log with the date the records were sent or picked up.

Release of information GSDM Treatment Center at 930 Commonwealth Ave Dental Health Center

The desired benefit for this guideline is to assist Patient Coordinators, Clinical Care Coordinator, Clinical Care Supervisor and Insurance Manager to ensure the timely processing of patients record requests and record transfers to the Goldman School of Dental Medicine. This protocol pertains only to the BUDHC at 930 Commonwealth Ave.
5. Patient Record Requests

a. Patients must request the release of protected health information in writing by using the Dental Health Center “Authorization to disclose protected health information” form. Printed copies of this form can be found in the file drawer at the front desk under the printer. Copies of this form are also available at http://www.bu.edu/hipaa/forms-for-health-care-providers/. The following information must be completed on the form: Patient Name, Chart Number (in the For Office Use Section), Indicate if they are requesting X-Rays, Chart notes or both, Reason for Request, Indicate if the patient will pick-up the records or would like the records mailed (if mailed, address must be provided), Patient/Guardian Signature and Printed Name.

b. Request forms are left in the file folder on the admin desk to be processed. Emailed requests are retrieved from the BUDHC@bu.edu email and processed on admin days, assigned by the Clinic Care Supervisor, to ensure dedicated time is set aside to process requests, uninterrupted.

c. Datamotion encrypted email is the preferred method of delivery. However, X-rays and chart notes may be printed as hard copy for release. If a patient has indicated they will pick up the records a call will be placed to the patient once they are ready and will be held in the locked file drawer under the front desk printer.

5.5 Use of PHI in Research

Any research activities, including simply reviewing medical records to plan or prepare for research, requires Individual Authorization, or a Waiver signed by the HIPAA Contact/filed with IT. This is necessary because HIPAA requires us to keep track of disclosures that an Individual has not authorized. A form for Activities Preparatory to Research is available from the HIPAA Contact.

Researchers who receive a Waiver of Authorization from an IRB must provide a copy of that Waiver to the HIPAA Contact/IT.

6.1 Right to Notice of Privacy Practices

Posting of Notice of Privacy Practices

Notice of Privacy Practices are prominently posted in all GSDM Clinic waiting areas located at 100 East Newton Street on the 1st floor, 2nd floor, 4th floor, 5th floor, 6th floor, 7th floor and the patient waiting area located at the 930 Commonwealth Ave Dental Health Center.

In addition, the GSDM Notice of Privacy Practices can be found on the patient landing page for the treatment centers located at 100 East Newton Street at http://www.bu.edu/dental/patients/hipaa/ and the patient landing page for the Dental Health Center at 930 Commonwealth Ave at www.budentalcenter.com.

Providing Notice of Privacy Practices to Patients
At GSDM, all new patients have a copy of the Notice of Privacy Practices mailed to them as part of the “New Patient Welcome Packet”. In addition, upon arriving for their first appointment, the patient is given a “Patient Guide” that contains the most up to date copy of the Notice of Privacy Practices.

If an existing patient requests a copy of the Notice of Privacy Practices, GSDM Staff will provide them with a copy of the “Patient Guide” and indicate what pages in the guide the Notice of Privacy Practices can be found.

Acknowledgement of Receipt of Notice of Privacy Practices

During the registration of all new patients, the patient is informed that they received a copy of the Notice of Privacy Practices in the “New Patient Welcome Packet” sent to their mailing address and a copy of the Notice of Privacy Practices is also included in the “Patient Guide” (Patient is then provided with a with copy of the Patient Guide). All new patient are then given a laminated copy of the Notice of Privacy Practices for review and asked to sign the electronic signature pad acknowledging having received the Notice of Privacy Practices. If a patient refuses to sign the electronic acknowledgement, GSDM Staff can sign the acknowledgement, including their printed name and title, indicating they have provided a copy of the Notice of Privacy Practice to the patient.

GSDM Clinical Operations Staff shall provide a paper copy of the Notice of Privacy Practices any time a patient requests one. It is not necessary to have the Acknowledgment signed after the first time it is given.

6.2 Right to Access and Copy of Own Health Record.

Patient Request for Own Medical Record. Patients have a right to a copy of the Designated Record Set that pertains to them. GSDM follows these procedures to ensure that right is protected, and to ensure PHI is not released to anyone who is not authorized to have it.

1. Providers may provide patients copies or portions of their medical record, upon the patient’s verbal request, only for treatment rendered at the appointment on the same day the verbal request is made.
   a. The Provider or staff will direct the request to a Practice Manager or the request can be made directly to the Practice Manager by the patient;
   b. Practice Manager is authorized to provide the patient with radiographs (x-rays) or progress notes related to treatment rendered at that day’s appointment;
   c. Practice Manager prepares the requested information for the patient;
   d. Practice Manager provides the requested information to the patient via the preferred method of datamotion encrypted email or, alternatively, on paper*;
   e. Practice Manager then documents the request as a diary note in Salud; the diary note will contain a description of what information was requested and provided to the patient as well as the delivery method.

2. Patients who request a copy of their entire medical record or a portion greater than that day’s appointment details should be directed to the GSDM Record Room Supervisor, who will ensure the patient has completed a Request of Authorization for the Release of PHI Form specifying which portions of the medical record should be copied.

Patient Request to have Medical Record released to a third party.
1. Patient would be directed to the GSDM Record Room Supervisor;
2. The patient request would be processed following GSDM HIPAA procedure 5.1 Release of Information.

*Note: Patient records requested in person will only be provided on paper or via datamotion encrypted e-mail. Request for alternative formats should be directed to the GSDM Record Room Supervisor as a Request for Protected Health Information and staff will follow GSDM HIPAA Procedure 5.1.

6.3 Right to Request to Amendment

Individual Requests Amendment to Record. Individuals have the right to request in writing that PHI in the GSDM’s Designated Record Set be amended. GSDM follows these procedures to ensure that right is protected.

If a patient requests an amendment to their record:

1. Patient will be directed to the GSDM Record Room Supervisor, GSDM Director of Clinical Operations, or the GSDM HIPAA Contact;
2. Patient will be directed to complete Request for Amendment form. The form can be found at http://www.bu.edu/hipaa/forms-for-health-care-providers/ under the GSDM Dental Centers link.
3. The Request for Amendment form is forwarded to the GSDM HIPAA Contact;
4. GSDM HIPAA Contact will review the form;
5. If request is to correct demographic information (i.e. spelling of name, ethnicity, DOB) GSDM HIPAA Contact can make the decision using their judgement;
6. If the request is to amend information entered into the record by a treating provider, the request must be forwarded to the GSDM Associate Dean for Clinical Affairs, the healthcare provider, the GSDM HIPAA Contact, and the BU HIPAA Privacy Officer;
7. The treating provider and the Associate Dean for Clinical Affairs will make the determination whether to allow the amendment. The request to amend may be denied if the original record is accurate;
8. The patient is notified of the decision in writing;
9. If approved, the amendment will be made following University Guidelines;
10. If denied, the patient will be notified in writing including a reason for the denial; how to submit a statement of disagreement; the patient’s right to ask that the original amendment request and denial be attached to any future disclosure of information; and how to file a complaint with GSDM and/or the Secretary of Health and Human Services about the denial;
11. The original copy of the request and the written decision will be scanned into the patient record.

6.4 Right to Accounting of Disclosure

Individual Requests Accounting of Disclosures of PHI. Individuals have the right to request an Accounting of disclosures of their health information. GSDM follows these procedures to ensure that right is protected.

If a patient requests an accounting of disclosures of PHI:

1. Patient will be directed to the GSDM HIPAA Contact;
2. Patient will be directed to complete Request for Restriction form. The form can be found at http://www.bu.edu/hipaa/files/2017/04/8-Dental-Request-for-an-Accounting.pdf under the GSDM Dental Centers link.

3. If patient refuses to complete the form, the GSDM HIPAA Contact will request the individual put the request in writing providing substantially the same information required on the form;

4. The GSDM HIPAA Contact will contact the University HIPAA Privacy Officer upon receipt of the request.

5. If approved, a copy of the request and decision should be scanned into the patient record in Salud or Eaglesoft;

6. **Right to Request a Restriction**

   Individual Requests Restriction on Use and Disclosure of PHI. Individuals have the right to request in writing a restriction of the use and disclosure of PHI. GSDM follows these procedures to ensure that right is protected.

If a patient requests a restriction of the use and disclosure of their PHI:

1. Patient will be directed to the GSDM HIPAA Contact;
2. Patient will be directed to complete Request for Restriction form. The form can be found at http://www.bu.edu/hipaa/files/2017/04/9-Dental-Request-for-a-Restriction-on-Disclosure-of-Protected-Health-Information-PHI.pdf under the GSDM Dental Centers link.
3. If patient refuses to complete the form, the GSDM HIPAA Contact will document the request in writing using the Request for Restriction Form indicating it is an oral request:
4. GSDM HIPAA Contact will review the form and request;
5. If request is approved, the patient should receive a written decision;
6. If approved, a copy of the request and decision should be scanned into the patient record in Salud or Eaglesoft;
7. If the GSDM HIPAA Contact considers denying the request, the GSDM HIPAA Contact should contact the BU HIPAA Privacy Officer;
8. If denied, the patient should receive a written decision;
9. If denied, a copy of the request and decision will be scanned into the patient record in Salud or Eaglesoft

6.6. **Patients’ Right to Request Confidential/Alternate Communications:**

   Individual Requests Confidential and Alternative Modes of Communication. Individuals have the right to request in writing that GSDM communications with them by an alternative means or at an alternative location. GSDM follows these procedures to ensure that right is protected.

If a patient requests Confidential and Alternative Modes of Communication:

1. Patient will be directed to a GSDM Practice Manager or the GSDM HIPAA Contact;
2. Patient will be instructed to complete a Request for Confidential or Alternate Mode of Communications form. The form can be found at http://www.bu.edu/hipaa/files/2017/04/11-Dental-
Request-for-Confidential-or-Alternate-Mode-of-Communications.pdf under the GSDM Dental Centers link.

3. GSDM HIPAA Contact or Practice Manager will review the form and request;

Accepting or Denying a Request:

1. If request is approved, the patient will receive a written decision;
2. If approved, a copy of the request and decision should be scanned into the patient record in Salud or Eaglesoft;
3. If approved, the HIPAA Contact or Practice Manager will ensure that patient account is flagged accordingly;
4. If the GSDM HIPAA Contact or Practice Manager considers denying the request, the GSDM HIPAA Contact should contact the BU HIPAA Privacy Officer;
5. If denied, the patient should receive a written decision;
6. If denied, a copy of the request and decision will be scanned into the patient record in Salud or Eaglesoft.

Non-secure Email or Text Requests:

1. GSDM Staff will inform the patient that there is an option for secure e-mail communication;
2. If the patient still requests non-secure email or text message communication, GSDM will require the patient complete a Request for Non-secure Communication Form. The form can be found at http://www.bu.edu/hipaa/files/2017/04/12-Dental-Request-for-Non-Secure-Communication-of-My-Protected-Health-Information.pdf.
3. If approved, a copy of the request will be scanned into the patient record and the record flagged accordingly;
4. If considering denial of the request, the GSDM HIPAA Contact should contact the BU HIPAA Privacy Officer;
5. If denied, a copy of the request will be scanned into the patient record;
6. If a GSDM Workforce member receives a non-secure email or text from a patient:
   a. the should respond by sending a new message, not a reply message, stating: “Thank you for contacting me. GSDM has a policy of not communicating with patients via regular email or text because they are not considered secure, and communications may be intercepted. We use Datamotion, an encrypted email program, to communicate securely. Please reply to tell me your preference:
      • To continue this correspondence via Datamotion, or
      • To continue using non-secure email or text despite the possibility of interception.”
   b. If the patient reply is to continue using non-secure email or text, a copy of the correspondence should be scanned to the patient record;
   c. Upon check in at next appointment, GSDM Staff should have the patient completed a Request for Non-secure Communication Form;
A copy of the form will be scanned to the patient record.

**6.7 Patients’ Right to Complain:**

If a GSDM workforce member receives a patient complaint regarding the privacy of their health information, the complaint can be directed to GSDM HIPAA Contact:

Henry M. Goldman School of Dental Medicine  
Attention: John F. Reilly, Director of Compliance and Quality Management  
100 East Newton Street, Room G317  
Boston, MA 02118  
jfreilly@bu.edu  
617-638-4993

Alternatively, as documented in the GSDM Notice of Privacy Practices, HIPAA related complaints can be directed to the BU HIPAA Privacy Officer, at 617-358-3124 or via electronic mail to HIPAA@BU.EDU.

The GSDM HIPAA Contact will maintain records of all HIPAA complaints.

**10. Exceptions to HIPAA Policies**

Anyone who believes GSDM should not be required to follow any of the BU HIPAA Policies must bring that to the attention of the HIPAA Contact, who will request an exception.

The Clinic has been given the following exceptions as of October 2017:

NONE
## Appendix A

### Administrative Contacts/Managers

<table>
<thead>
<tr>
<th>Departments</th>
<th>Administrative Contact</th>
<th>Title</th>
<th>E-mail</th>
</tr>
</thead>
<tbody>
<tr>
<td>1st Floor Clinic</td>
<td>Stacey Soldan</td>
<td>Practice Manager</td>
<td><a href="mailto:staceyd@bu.edu">staceyd@bu.edu</a></td>
</tr>
<tr>
<td>1st Floor Clinic</td>
<td>Aeisha Pringle</td>
<td>Clinical Care &amp; Patient Intake Supervisor</td>
<td><a href="mailto:saisha@bu.edu">saisha@bu.edu</a></td>
</tr>
<tr>
<td>2nd Floor Clinic</td>
<td>Janina Brown</td>
<td>Practice Manager</td>
<td><a href="mailto:janbrown@bu.edu">janbrown@bu.edu</a></td>
</tr>
<tr>
<td>2nd Floor Clinic</td>
<td>Trisha Dirksmeier</td>
<td>Clinical Assistant Supervisor</td>
<td><a href="mailto:triciad@bu.edu">triciad@bu.edu</a></td>
</tr>
<tr>
<td>2nd Floor Clinic</td>
<td>Denise Cave</td>
<td>Clinical Care Supervisor</td>
<td><a href="mailto:drcave@bu.edu">drcave@bu.edu</a></td>
</tr>
<tr>
<td>5th Floor Clinic</td>
<td>Andrea Sarkis</td>
<td>Practice Manager</td>
<td><a href="mailto:andreas@bu.edu">andreas@bu.edu</a></td>
</tr>
<tr>
<td>5th Floor Clinic</td>
<td>Roslynn George</td>
<td>Clinical Assistant Supervisor</td>
<td><a href="mailto:rosge@bu.edu">rosge@bu.edu</a></td>
</tr>
<tr>
<td>5th Floor Clinic</td>
<td>Harry Gray</td>
<td>Clinical Care Supervisor</td>
<td><a href="mailto:hgray617@bu.edu">hgray617@bu.edu</a></td>
</tr>
<tr>
<td>6th Floor Clinic</td>
<td>Melissa Salazar</td>
<td>Practice Manager</td>
<td><a href="mailto:bella1@bu.edu">bella1@bu.edu</a></td>
</tr>
<tr>
<td>7th Floor DHC</td>
<td>Hollie Faria</td>
<td>Practice Manager</td>
<td><a href="mailto:hfaria@bu.edu">hfaria@bu.edu</a></td>
</tr>
<tr>
<td>7th Floor DHC</td>
<td>Carmella Gross</td>
<td>Clinical Assistant Supervisor</td>
<td><a href="mailto:tyree@bu.edu">tyree@bu.edu</a></td>
</tr>
<tr>
<td>930 Comm Ave.</td>
<td>Meghan Shea</td>
<td>Operations Supervisor</td>
<td><a href="mailto:mcshea@bu.edu">mcshea@bu.edu</a></td>
</tr>
<tr>
<td>930 Comm Ave.</td>
<td>Kelly Marcinkeiwich</td>
<td>Associate Director</td>
<td><a href="mailto:kmardin@bu.edu">kmardin@bu.edu</a></td>
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<tr>
<td>930 Comm Ave.</td>
<td>Gordana Mujcin</td>
<td>Clinic Manager</td>
<td><a href="mailto:mgordana@bu.edu">mgordana@bu.edu</a></td>
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<tr>
<td>930 Comm Ave.</td>
<td>Christina Ferrelli</td>
<td>Clinical Care Supervisor</td>
<td><a href="mailto:cferrell@bu.edu">cferrell@bu.edu</a></td>
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<tr>
<td>Clinical Affairs</td>
<td>Jon Synnott</td>
<td>Director of Clinical Operations</td>
<td><a href="mailto:jsynnott@bu.edu">jsynnott@bu.edu</a></td>
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<td>Compliance &amp; Quality</td>
<td>John Reilly</td>
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<td>Barbara McKenna</td>
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<tr>
<td>Facilities</td>
<td>James Taillefer</td>
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<tr>
<td>Finance Office</td>
<td>Silifa Wallace</td>
<td>Director</td>
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<tr>
<td>Oral Surgery</td>
<td>Wendy Little</td>
<td>Practice Manager</td>
<td><a href="mailto:wlltle@bu.edu">wlltle@bu.edu</a></td>
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<tr>
<td>Oral Surgery</td>
<td>Maureen Hickey-Masters</td>
<td>Director of Operations</td>
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<tr>
<td>Pediatric Dentistry</td>
<td>Danielle Tarpley</td>
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<td>Periodontics</td>
<td>Larissa Weiner</td>
<td>Clinic &amp; Administrative Manager</td>
<td><a href="mailto:larissaw@bu.edu">larissaw@bu.edu</a></td>
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<tr>
<td>Prosthodontics</td>
<td>Luz Lebron</td>
<td>Administration Manager</td>
<td><a href="mailto:llebron@bu.edu">llebron@bu.edu</a></td>
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</table>
Appendix B

HIPAA AUTHORIZATION FORM

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BUGSDM Information Technology
617-638-5999
dentit@bu.edu
How to Login
Login to http://dent-sps.bumc.bu.edu/portal go to QA and select HIPAA Authorization.
How to Create New Request
Select New HIPPA Authorization Form.

Fill in all the boxes with the appropriate information and check off the applications or shared drives needed.

Once all is filled out click, save.
This screen will show up after submitting and will show you your submitted form with the newest first. You can only view the submitted form at this point.

Denied Access
Below are the emails you will receive if the wrong information is filled out. If you receive any of these emails, please create a new form with the corrected information.

Hello,

Access has been denied to John Smith for the following reason:
Denied - User did not complete HIPAA Training

Please address this error and resubmit. You may resubmit the form by clicking on QA -> HIPAA Authorization -> View/Edit and selecting edit on the corresponding user, or by clicking on this link: http://dent-sp-s.bumc.bu.edu/portal/cgi-bin/hipaa_auth.cgi?formname=view_edit_form&form_id=2058

Thanks,
BUSDM IT

Hello,

Access has been denied to John Smith for the following reason:

Denied - Name does not match UID

Please address this error and resubmit. You may resubmit the form by clicking on QA -> HIPAA Authorization -> View/Edit and selecting edit on the corresponding user, or by clicking on this link: http://dent-sp-s.bumc.bu.edu/portal/cgi-bin/hipaa_auth.cgi?formname=view_edit_form&form_id=2060

Thanks,
BUSDM IT

Hello,

Access has been denied to John Smith for the following reason:

Denied - Incorrect Email Address

Please address this error and resubmit. You may resubmit the form by clicking on QA -> HIPAA Authorization -> View/Edit and selecting edit on the corresponding user, or by clicking on this link: http://dent-sp-s.bumc.bu.edu/portal/cgi-bin/hipaa_auth.cgi?formname=view_edit_form&form_id=2059

Thanks,
BUSDM IT

Hello,

Access has been denied to John Smith for the following reason:

Denied - Incorrect UID

Please address this error and resubmit. You may resubmit the form by clicking on QA -> HIPAA Authorization -> View/Edit and selecting edit on the corresponding user, or by clicking on this link: http://dent-sp-s.bumc.bu.edu/portal/cgi-bin/hipaa_auth.cgi?formname=view_edit_form&form_id=2062

Thanks,
BUSDM IT
Hello,
HIPAA Access was revoked for John Smith per your request.

Thanks,
BUSDM IT
**Approved Access**

Below is the email you receive when the access has been granted.

Hello,

HIPAA Access was granted for John Smith per your request.
If you requested Salud access for John Smith, please ask them to visit the IT Department to obtain an account.

Thanks,
BUSDM IT

Once the access has been granted you will see the status changed to Completed and you will be able to view, edit, and revoke the access for the user.
Editing a Request

Edit will allow you to grant more access in the future as well as take away access. To edit a form click on edit.

Editing looks similar to create new form. Please check and uncheck rights to add or to take away.

This screen will show up after submitting and will show you your submitted form with the newest first. You can only view the submitted form at this point.
You will receive an email after it is reviewed by IT.
Revoke and View Forms

Revoke will let IT know that this user should not have access anymore. To revoke access click Revoke Access.

View allows you to view the current form with current access rights. To View click View.
### Appendix C

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ADMINISTRATIVE MANAGER
ADMINISTRATIVE SECRETARY, RESEARCH
ADMINISTRATOR, FINANCIAL
ADMISSIONS, OFFICE OF & STUDENT SERVICES SUPERVISOR
ADMISSIONS, OFFICE OF/STUDENT AFFAIRS, OFFICE OF REPRESENTATIVE
Anthony A. Gianelly Professor in ORTHODONTICS & DENTOFACIAL ORTHOPEDICS
ASSISTANT DEAN, DEVELOPMENT & ALUMNI RELATIONS
ASSISTANT DIRECTOR OF ACADEMIC AFFAIRS
ASSISTANT DIRECTOR, CLINICAL FINANCE OFFICE
ASSISTANT DIRECTOR, CURRICULUM & ST ADV
ASSISTANT DIRECTOR, EVENT & MEETING PLANNING
ASSISTANT DIRECTOR, PREDOCTORAL RESEARCH
ASSISTANT DIRECTOR, STUDENT AFFAIRS
ASSISTANT REGISTRAR
ASSISTANT TO THE REGISTRAR
ASSISTANT, DENTAL
ASSOCIATE DIRECTOR, MARKETING & COMMUNICATIONS
ASSOCIATE DIRECTOR, PUBLICATIONS & MEDIA RELATIONS
ASSOCIATE DIRECTOR, QUALITY ASSURANCE
ASSOCIATE DIRECTOR, STAFF ADMINISTRATION & OPERATIONS
BI-LINGUAL RESEARCH PROJECT COORDINATOR
BILLING & INSURANCE COORDINATOR
CAREER RESOURCES COORDINATOR
CASHR/BILLING REPRESENTATIVE
CASUAL OUTREACH WORKER
CERTIFIED DENTAL ASSISTANT
CLINIC AND ADMINISTRATIVE MANAGER
CLINIC CARE COORDINATOR
CLINIC CARE SUPERVISOR
CLINIC COORDINATOR
CLINIC COORDINATOR, ENDODONTIC
CLINIC FINANCIAL MANAGER
CLINIC MANAGER
CLINICAL ADMINISTRATIVE MANAGER
CLINICAL CARE SUPERVISOR
CLINICAL EDUCATION & OPERATIONS ADMINISTRATOR
CLINICAL OPERATIONS MANAGER
COMMUNICATIONS MANAGER
CONTINUING EDUCATION COORDINATOR
COORDINATOR, ADMINISTRATIVE
COORDINATOR, BILLING/INSURANCE
COORDINATOR, FINANCIAL SERVICES
DEAN AND SPENCER N. FRANKL PROFESSOR IN DENTAL MEDICINE
DENTAL ASSISTANT

PracticeMGR  NA  Finance1  Fac  NA  NA  PracticeMGR  NA  NA  Fac  NA  AN  NA  Assistant  NA  NA  PracticeMGR  Finance1  Coordinator  NA  PracticeMGR  Coordinator  Coordinator  Coordinator  Coordinator  PracticeMGR  PracticeMGR  PracticeMGR  PracticeMGR  NA  Coordinator  Finance1  Finance1  Fac  Assistant
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STERILIZATION ASSISTANT Assistant
STERILIZATION SHIFT SUPERVISOR Assistant
STUDENT AFFAIRS, OFFICE OF COORDINATOR NA
SUPERVISOR, DENTAL LAB TECHNOLOGY NA
SUPERVISOR, LABORATORY NA
SUPPLY STORE ASSISTANT NA
SUPPLY STORE COORDINATOR NA
SURGERY ASSISTANT Assistant
SYSTEMS ANALYST NA
TECHNOLOGIST, DENTAL NA
CLINICAL ASSOCIATE OF ORTHODONTICS & DEN Fac
DIRECTOR, ADMISSIONS NA
PRACTICE MANAGER PracticeMGR
IT CONSULTANT IT_SUPPORT
Nurse Practitioner NA
Audiovisual Technician NA
Visiting Clinical Assistant Professor Fac
Residency Program & Credentialing Coordinator NA
RESEARCH INTERVIEWER/ANALYST NA
Visiting Researcher NA
COMMUNICATIONS SPECIALIST NA
STAFF ACCOUNTANT NA
Career Resources Manager NA
Assistant Director of MKTG & COMM NA
Collections Specialist Finance1
Research Data Analyst NA
Research Assistant NA
Development Program NA
Clinician Fac
Application Manager NA
Associate Registrar NA
Senior Surgical Assistant Assistant
Postdoctoral Admissions Manager NA
Admissions Data and Reporting Manager NA
Assistant Director NA
Clinical Finance Manager Finance1
Staff Dentist Fac
Research Project Manager NA
Appendix D

Mandatory Annual HIPAA Training

All members of the BUGSDM community are required to complete training and re-training for HIPAA on an annual basis. HIPAA training is a regulatory requirement mandated by federal law as well as required under the policies of Boston University.

All staff, students, residents and all faculty members, (including volunteer faculty, faculty with dual appointments in other BU schools and colleges, and non-BU schools and colleges, adjunct faculty, visiting faculty, etc.) must complete the Boston University online HIPAA Privacy and Security Training between the dates of October 2, 2017 and October 31, 2017.

Questions have arisen over the years regarding the duplication of the HIPAA training for newly hired faculty and staff and newly matriculated students. Any HIPAA training that has been taken and completed prior to October 2, 2017 or previously completed similar training at another school or medical facility, will need to be taken again for the 2017 and 2018 academic year. This would also apply to all new hires or new students who took the HIPAA training this past July and August.

Here is how you begin:

HIPAA Privacy and Security Training

1. Go to http://dent-sps.bumc.bu.edu/portal/
2. Click on “Login to your account” in the upper right hand corner
3. Log in using your BU Login Name and your Kerberos Password
4. Click on the “Training” tab
5. Click on “HIPAA training” from the dropdown menu
6. Read the training instructions
7. Click on the "Privacy Module" tab
   a) Complete “Step 1” by accessing the Privacy training either in PDF or Powerpoint format
   b) Complete “Step 2” by passing the required quiz
8. Click on the “Security Module” tab
   a) Complete “Step 1” by accessing the security training either in PDF or Powerpoint format
   b) Complete “Step 2” by passing the required quiz
9. Click on the “HIPAA Training Evaluation” tab
   a) Complete “Step 1” by providing feedback to all the questions
   b) Complete “Step 2” by clicking on the “Save and Complete HIPAA Training Evaluation” button
10. After completion of all three sections, an e-mail will be sent confirming that you have completed the training
11. Save a copy of the confirmation for your own records.

Note: You will be required to retake a quiz if you do not pass. In order for training to be considered complete you must pass the required quizzes associated with both the Privacy and Security Modules.

If you have any questions regarding the HIPAA annual training, please contact the Compliance and Quality Management program at gsdmcomp@bu.edu or (617) 638-5120.

Regards,
Compliance and Quality Management
Boston University Henry M. Goldman School of Dental Medicine
Appendix E

HIPPA NON-COMPLIANCE SACTIONS

When an employee of GSDM, either faculty or staff has not complied with the HIPAA once yearly training and acknowledgement requirement, the following steps will be taken:

1. The Office of Clinical Services will inform the employee as well as the employee’s supervisor/manager and Department Head that the employee is not compliant with the HIPAA training requirement. This notification will be via email and/or letter and will state the specific deadline by which the employee must complete training. The notification will also state the consequences to the employee if the training is not completed by the deadline date (see bullet points (a) – (g) below).

2. If the employee has not completed the training by the deadline date, the following actions will be taken:
   a. The Department Chair will issue a formal letter of reprimand stating that the employee has violated both HIPAA and BU policies regarding compliance training. This letter from the Department Chair will inform the employee that the following actions are being taken, effective immediately:
   b. The employee is suspended without pay until HIPAA training is completed;
   c. The employee’s access to computer systems and charts that are linked to any patient information is suspended;
   d. The employee’s access to GSDM facilities including treatment bays, operatories, and laboratories throughout the medical campus is suspended;
   e. The employee must immediately cease all teaching and mentoring of students in the clinical setting; and
   f. The employee must cease all patient contact or accessing patient information including phone calls and emails.
   g. Both the notification letter of non-compliance and the letter of reprimand will be placed in the employee’s file.

3. Once HIPAA training has been completed and the acknowledgement signed, the employee may return to work and computer systems access and access to the GSDM facilities will be restored.

4. It is the responsibility of the Department Chair to insure continuity of patient care for any patients of GSDM affected by the above actions as well as continuity of clinical teaching and/or research.