

## STANDARD ADMINISTRATIVE PROCEDURE

### 16.99.99.M0.16 HIPAA Related Data Use Agreement

*Approved April 27, 2020*

*Next scheduled review: April 27, 2025*

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#### SAP Statement

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This standard administrative procedure applies to the Texas A&M University (TAMU) components that have been designated as a TAMU HIPAA Health Care Component (TAMU HIPAA HCC) in Standard Administrative Procedure 16.99.99.M0.01, *Designation as a Hybrid Entity*.

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#### Definitions

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[Click here for Definitions](#)

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#### Official Procedure

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##### 1. GENERAL

The TAMU HIPAA HCC must ensure that PHI data is appropriately safeguarded in accordance with HIPAA Regulations when a Data User requests a Limited Data Set:

- 1.1 TAMU HIPAA HCC will disclose a Limited Data Set to Data User for use by Data User in performance of activities to be reviewed and approved by the TAMU HIPAA HCC, as necessary.
- 1.2 The TAMU HIPAA HCC will ensure that Data User will appropriately safeguard the Limited Data Set in accordance with HIPAA and the HIPAA Regulations.
- 1.3 Data User shall agree to protect the privacy of the Limited Data Set in accordance with the terms and conditions of an agreement to be executed between the parties and in accordance with HIPAA and the HIPAA Regulations.

##### 2. PROCEDURE

- 1.
- 2.

- 2.1 All HIPAA Data Use Agreement forms must be approved by Texas A&M Research Administration.
- 2.2 All HIPAA Data Use Agreements need to be directed to and approved by the Privacy Officer for HIPAA compliance purposes.
- 2.3 Consultation shall be provided by the TAMUS Office of General Counsel and the TAMU Privacy Officer, as needed.
- 2.4 Users are responsible for:
  - 2.4.1 Knowing the scope of data for which each is responsible;
  - 2.4.2 Reviewing and complying with the security policies, procedures, and controls for ePHI;
  - 2.4.3 Using TAMU data processing resources for intended purposes;
  - 2.4.4 Complying with all appropriate TAMU policies, procedures and standards;
  - 2.4.5 Promptly reporting security violations or misuse of data;
  - 2.4.6 Not providing access to TAMU information systems containing ePHI unless authorization has been granted;
  - 2.4.7 Assisting with investigations; and
  - 2.4.8 Maintaining confidentiality of all data processed or handled.

### 3. VIOLATIONS

The TAMU Privacy Officer has general responsibility for implementation of this procedure. Employees who violate this procedure will be subject to disciplinary action up to and including termination of employment. Anyone who knows or has reason to believe that another person has violated this procedure should report the matter promptly to his or her supervisor or the TAMU Privacy Officer. All reported matters will be investigated and, where appropriate, steps will be taken to remedy the situation. Where possible, every effort will be made to handle the reported matter confidentially. Any attempt to retaliate against a person for reporting a violation of this procedure will itself be considered a violation of this procedure that may result in disciplinary action up to and including termination of employment.

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**Contact Office**

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**Office of University Risk, Ethics, and Compliance**