



## Oklahoma State University

<b>Title: Administrative Requirements and Burden of Proof</b>	<b>Policy #: BRE-07.00</b>
<b>Category: HIPAA Compliance</b>	<b>Authority: 45 CFR HIPAA SECTION: §164.414</b>
<b>Standard: Notification in the Case of Breach of Unsecured Protected Health Information</b>	<b>Responsibility: Health Care Components</b>
<b>Effective Date: 3/26/2013</b>	<b>Page 1 of 1</b>
<b>Approved By: OSU Legal Counsel</b>	<b>Revised: 6/1/2013</b>

### **PURPOSE:**

To establish what OSU must comply with in regards to the Breach Notification Rule.

### **POLICY:**

1. OSU is required to comply with the administrative requirements of §164.530(b), (d), (e), (g), (h), (i), and (j) with respect to the requirements of the Privacy Rule. *§164.414(a)*
2. Burden of Proof. In the event of a use or disclosure in violation of the Privacy Rule, OSU or its business associate, as applicable, shall have the burden of demonstrating that all notifications were made as required by the Breach Notification Rule or that the use or disclosure did not constitute a breach as defined in BRE-01.00 Definitions policy. *§164.414(b)*

### **PROCEDURE:**

1. OSU will comply with paragraph 1 of this policy, and will have policies specific to each of the above referenced requirements.
2. OSU will either document what notifications were given, or prove and document that the use or disclosure did not constitute a breach as defined in §164.402 or BRE-01.00 Definitions policy.
3. This documentation will be kept in the HIPAA Compliance Office.