JOB DESCRIPTION TEMPLATE

HIPAA Privacy Officer

The HIPAA Privacy Officer is the designated privacy official required under 45 CFR 164.530, accountable for how protected health information is used, disclosed, and protected.

Department	[Compliance / Privacy / Legal]
Reports to	[Chief Compliance Officer / General Counsel]
Location	[Remote / Hybrid / On-site and location]
Employment type	Full-time
Experience	[Five or more] years
Salary	[Pay range, currency and pay period, plus any bonus and material benefits. Check the pay-disclosure rules for each location where you post.]

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POSITION OVERVIEW

The Privacy Officer owns how protected health information is used, disclosed, and safeguarded across the organization.

The role is named in law. 45 CFR 164.530 requires a designated privacy official, which makes this one of the few compliance jobs a regulator will ask you to point at by name.

It sits between clinical operations, IT security, legal, and the patients themselves, and it is judged on whether breaches are prevented, found early, and handled correctly.

KEY RESPONSIBILITIES

- Own the HIPAA privacy program: policies, the Notice of Privacy Practices, minimum necessary standards, and the annual risk analysis.
- Run breach assessment and notification end to end, including the four-factor risk assessment and OCR reporting within required timelines.
- Review and approve uses and disclosures of PHI, including research, marketing, fundraising, and third-party data sharing.
- Maintain the Business Associate Agreement program and assess vendor privacy risk before data ever moves.
- Handle patient rights requests: access, amendment, accounting of disclosures, restrictions, and complaints.
- Deliver workforce privacy training and run the sanctions process when someone accesses a record they had no business opening.
- Partner with the Security Officer on safeguards, and with Legal on regulatory inquiries, subpoenas, and OCR investigations.

REQUIRED QUALIFICATIONS

- Five or more years in healthcare privacy, health information management, or healthcare compliance.
- Working command of the HIPAA Privacy Rule, Breach Notification Rule, and the interaction with state privacy law, which is often stricter.
- Direct experience running a breach investigation, including the notification decision.
- Experience with 42 CFR Part 2, state health privacy statutes, and consent management.
- Ability to explain a privacy restriction to a frustrated clinician without losing the clinician.
- Bachelor's degree, or equivalent healthcare compliance experience.

PREFERRED CERTIFICATIONS

CHPC, CIPP/US, CHC, RHIA, or CHPS are the credentials that carry weight here.

TECHNICAL KNOWLEDGE

Electronic health record audit tools (Epic, Cerner, Meditech), privacy monitoring platforms, GRC systems, and consent management tooling. Increasingly, the ability to assess AI tools that touch PHI, including ambient scribes and clinical decision support.

ESSENTIAL COMPETENCIES

Judgment under pressure, plain-language communication with clinicians and patients, investigative discipline, and the confidence to stop a data flow that leadership wants to keep.

WHAT GOOD LOOKS LIKE IN YEAR ONE

- Breach response timelines met without exception.
- Business Associate Agreements current and complete across every vendor touching PHI.
- Patient rights requests answered inside statutory deadlines.
- Workforce training completion above target, with sanctions applied consistently.
- Privacy risk analysis refreshed and its findings actually closed.
- Zero repeat findings from the prior year's audits.
- Clinical leaders bring you in before a new tool goes live, not after.
- No OCR corrective action open at year end.

ABOUT [COMPANY]

[Two or three sentences about your organisation, the maturity of your program, and what the first year looks like.]

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