

Office of Regulatory Compliance

HIPAA Policy 1.5

Title:	Workforce Sanctions
Source:	Office of Regulatory Compliance
Prepared by:	Assistant Vice Chancellor for Regulatory Affairs
Approved by:	Vice Chancellor for Research
Effective Date:	July 1, 2013
Replaces:	04/11/2005
Applies:	All campuses

Introduction

Purpose

The purpose of this policy is to outline the procedures for handling violations of UCD's privacy and security policies.

Reference

45 C.F.R. § 164.502(j)

45 C.F.R. § 164.530(e).

45 C.F.R. § 164.308(a)(1)(ii)(C)

Applicability

It is the responsibility of anyone at UCD to report known or suspected privacy or security violations. This includes faculty, staff, students, trainees, volunteers, and vendors. The UCD administrator of the unit managing the individual(s) violating the HIPAA Privacy or Security Rules is responsible for taking disciplinary action for privacy and security violations. If appropriate, this may be in conjunction with the UCD Human Resources Department, Privacy Officer, and/or Security Officer.

This policy applies to handling privacy and security violations for anyone at UCD, including faculty, staff, students, trainees, volunteers, etc.

Policy

Any employee, student, trainee, or volunteer associated with UCD is responsible for reporting known or suspected violations of the UCD privacy policies to the Privacy Officer and for reporting known or suspected violations of the UCD security policies to the Security Officer. Violations can be reported by e-mailing HIPAA@ucdenver.edu.

Violations do not include disclosures by whistleblowers or by individuals who are filing a complaint, participating in an investigation, compliance review or hearing, or opposing any act or practice made unlawful by the HIPAA Privacy or Security Rules. UCD's workforce members or UCD's Business Associates may release PHI to a health care oversight agency, or the Office of Civil Rights if they reasonably believe there is a violation of the HIPAA Privacy Rule. Disclosures by individuals for this purpose will not be considered a disclosure in violation of the HIPAA Privacy Rule and will not be subject to this policy.

Procedures

The Privacy and Security Officers will investigate and document all alleged violations of UCD HIPAA Policies, and their eventual resolution, including any disciplinary actions taken. The Privacy Officer will maintain all official documentation related to privacy violations. The Security Officer will maintain all official documentation related to security violations.

All affected departments and/or individuals shall cooperate fully with the investigation. The Privacy and Security Officers shall keep UCD officials apprised of ongoing investigations as appropriate. Given the nature of some of these investigations, there are times when the scope of the problem must be determined before notification is possible.

Disciplinary Actions

While the ultimate determination on what, if any, disciplinary action will be taken is within the sole discretion of the appointing authority, the Privacy and Security Officers will work with the appropriate UCD officials to assure the appropriate disciplinary action is taken for known violations.

The officials involved in assessing applicable discipline will depend on the person's relationship with UCD (e.g. student, trainee, classified staff, etc.)

Disciplinary actions will be based on the relative severity of the violation and may include, but are not limited to, the following:

- Written Warning - warning includes documenting the violation and obtaining agreement with the individual that these actions will not occur in the future. The Privacy or Security Officer, the individual who breached the

UCD HIPAA Privacy or Security policies, and appropriate UCD official are required to sign the written warning.

- Additional training on privacy and security policies – individual will be required to attend additional training on HIPAA's requirements.
- Job Reassignment – the individual's job responsibilities that deal with Protected Health Information or electronic Protected Health Information will be limited or removed from his or her overall responsibilities. This may impact his or her salary if additional duties are not assigned.
- Suspension – the individual is placed on unpaid leave of absence for a designated period of time.
- Termination – termination includes employment, residency, termination of enrollment (if a student is involved), or loss of volunteer faculty work and/or privileges.

Documentation

UCD HIPAA Privacy and Security Policy sanction documentation and changes shall be retained for six (6) years.