

University of Colorado at Denver and Health Sciences Center
HIPAA Policy

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I. Purpose, Reference, and Responsibility

A. Purpose

The purpose of this policy is to outline the procedures for handling violations of UCDHSC's privacy and security policies. See <http://www.uchsc.edu/is/policies> for additional information.

B. 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).

C. Responsibility

It is the responsibility of anyone at UCDHSC to report known or suspected privacy or security violations. This includes faculty, staff, students, trainees, volunteers, and vendors. The UCDHSC 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 UCDHSC Human Resources Department, Privacy Officer, and/or Security Officer.

II. Applicability and Definitions

A. Applicability

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

B. Definitions

Electronic Protected Health Information (ePHI)
Protected Health Information (PHI)
Sanction
Workforce

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III. Policy

A. Reporting of Violations

1. Any employee, student, trainee, or volunteer associated with UCDHSC is responsible for reporting known or suspected violations of the UCDHSC privacy policies to the Privacy Officer and for reporting known or suspected violations of the UCDHSC security policies to the Security Officer. Violations can be reported by e-mailing HIPAA@UCHSC.edu. See www.uchsc.edu/hipaa/contacts.htm for additional information.

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.

2. The Privacy and Security Officers will investigate and document all alleged violations, 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 UCDHSC 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.

B. 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 UCDHSC officials to assure the appropriate disciplinary action is taken for known violations.

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The officials involved in assessing applicable discipline will depend on the person's relationship with UCDHSC (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 UCDHSC HIPAA Privacy or Security policies, and appropriate UCDHSC 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.

C. Documentation

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