

# JORDAN VALLEY EMS AUTHORITY POLICY

**POLICY #:** 103.4.8      **SUBJECT:** SANCTIONS FOR VIOLATION OF PRIVACY POLICIES  
**CAAS STANDARD:** 103.4      **SCOPE:** ALL EMPLOYEES AND VOLUNTEERS

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## **PURPOSE:**

The company is responsible for ensuring the privacy and security of all patient information that we create, receive, or use under both the Privacy Regulations (Privacy Rule) and the Security Regulations (Security Rule) of the Health Insurance Portability and Accountability Act of 1996 (HIPAA). An important aspect of protecting this information is to make it clear to all staff members that the Authority takes privacy and security issues very seriously.

## **POLICY:**

The procedure below describes our approach to staff member sanctions when there is a violation of our privacy and security policies. This policy applies to all Authority staff members who have any degree of access to patient information, including those staff members who may learn of patient information indirectly, and even if use of this information is not part of the staff member's responsibilities.

Any sanctions under this policy or any other policy will not apply to staff members who 1) file a complaint with the federal government about potential privacy violations, 2) testify, assist, or participate in an investigation or compliance review proceeding or official government proceeding investigating privacy issues, and 3) oppose any actions by The Authority that are unlawful under the HIPAA Privacy Rule or the HIPAA Security Rule, when that opposition is made with the good faith belief that the Authority was violating privacy or security regulations (as long as any opposition or filing of a complaint did not result in improper disclosure of PHI or e-PHI).

## **PROCEDURE:**

1. The Authority will implement sanctions that are to be used when any staff member fails to comply with or violates our privacy policies and procedures.
2. Sanctions will be administered in a progressive manner wherever possible. The Authority will administer sanctions to the degree necessary to correct improper behavior or to protect patient privacy.
3. *(EXAMPLE: A first time violation where an employee revealed PHI to another staff member without any need to know may receive a verbal counseling or written warning, but if a first violation resulted in revealing PHI to someone who was not a staff member or business associate, a suspension or termination may be warranted.)*
4. Progressive sanctions will include the following:
  - a. Remedial training and education
  - b. Memorandum of Discussion
  - c. Written warning
  - d. Suspension
  - e. Termination
5. Staff members have an affirmative duty to report to management or the Privacy Officer or Information Security Officer any suspected violation of our privacy/security policies and procedures.
6. Staff members shall be educated about this policy and the serious nature of violating our privacy/security policies. Staff members will be made aware of the potential sanctions that may occur, and will be made aware of any changes to this sanction policy.

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7. A record of individual staff member sanctions will be kept in the respective staff member's file. Adherence to our privacy/security policies will be considered as part of the staff member's performance evaluation.
8. In the event of a suspected or reported violation of our privacy/security policies, the Privacy/Information Security Officer will initiate an objective and comprehensive investigation that will include:
  - a. Interviews of potential witnesses
  - b. Interviews of the alleged violator
  - c. Preparation of an investigative report
  - d. Presentation of the report to management with recommendations for sanctions (if any) or changes in our policies or practices
9. At all times, whenever there is a suspected violation of our policies or other breach of privacy, the Privacy/Information Security Officer will recommend immediate action to be taken to mitigate the violation and its impact on the Authority.

**POLICY HISTORY:**

Implemented February 1, 2015