

**UC Riverside, School of Medicine Policies and Procedures**

**Policy Title:** Sanctions

**Policy Number:** 950-02-011

<b>Responsible Officer:</b>	Compliance and Privacy Officer
<b>Responsible Office:</b>	Compliance Advisory Services
<b>Origination Date:</b>	5/2016
<b>Date of Revisions:</b>	12/2019
<b>Scope:</b>	All UCR Health and SOM faculty and staff

**I. Policy Summary**

The Health Insurance Portability and Accountability Act of 1996 (HIPAA) requires that covered entities apply appropriate sanctions against members of their workforce who fail to comply with Privacy Policies and Procedures of the entity, or the requirements of the Privacy Rule [45 CFR SS 164.530(e)(1)]. Accordingly, it is the intention of UCR Health to ensure the confidentiality and integrity of protected health information (PHI) as required by law, professional ethics, and accreditation and/or licensure requirements. This policy establishes guidance and standards for workforce performance expectations in carrying out the provisions of HIPAA, and the corrective action(s) that may be imposed to address privacy violations.

**II. Definitions (Not Applicable)**

**III. Policy Text**

PHI shall be regarded as confidential, and may not be used or disclosed except to authorized users for approved purposes. Access to PHI is only permitted for direct patient care, payment (including coding, preparation of claims, etc.) and operational necessity.

**IV. Responsibilities**

Compliance and Privacy Department, Human Resource Department

**V. Procedures**

In the event that an employee of UCR Health is responsible for a violation of the Privacy Practices and/or violates HIPAA or California State Privacy Law, the following sanction guidelines will be utilized in order to determine the severity of the violation and the appropriate correlating sanction. Sanctions will be reduced and/or waived (based on the level of the offense) when an employee of UCR Health self-reports a breach or violation, within a reasonable time (as soon as is practicable), upon discovery of an incident.

**A. Definition of Offense**

**1. Class I offenses**

Generally arise from carelessness and are unintentional in nature. Examples include:

- a. Sending a FAX to the wrong number (misdirected FAX);

- b. Leaving a computer monitor unattended while logged into a program containing PHI.

**2. Class II offenses**

- a. Second offense of any class I offense (does not have to be the same offense);
- b. Accessing PHI that is not necessary to a job duty;
- c. Sharing computer access codes (user name & password);
- d. Sharing PHI with another employee beyond the scope of privileged use;
- e. Copying PHI without authorization;
- f. Changing PHI without authorization;
- g. Discussing confidential information in a public area or in an area where the public could overhear the conversation;
- h. Discussing confidential information with an unauthorized person.

**3. Class III offenses**

- a. Second offense of any class II offense or multiple incidents of class I offense (does not have to be the same offense);
- b. Unauthorized use or disclosure of PHI;
- c. Using another person's computer access codes (user name & password);
- d. Failure to comply with a response team resolution or recommendation;
- e. Failure to cooperate with a privacy investigation.

**4. Class IV offenses**

- a. Multiple incidents of the same class II offense;
- b. Second offense of any class III offense (does not have to be the same offense);
- c. Obtaining PHI under false pretenses;
- d. Snooping/ intentional intrusion on a medical record
- e. Using and/or disclosing PHI for commercial advantage, personal gain or malicious harm.

**B. Sanctions**

The level of sanction will be determined based on a variety of factors including, but not limited to, the nature of the offense, as well as whether the disclosure was accidental, intentional, or resulted from recklessness. Sanctions will be mitigated for timely employee self-reporting.

**1. Class I offenses**

- a. Verbal reprimand;
- b. In-service training and/or additional privacy training.

**2. Class II offenses shall include, but are not limited to**

- a. Verbal reprimand;
- b. Written reprimand in employee's personnel file;

- c. Retraining on HIPAA awareness;
- d. Retraining on UCR's Privacy Policy and how it impacts the said employee and said employee's department;
- e. Retraining on the proper use of internal forms and HIPAA required forms.

**3. Class III offenses shall include, but are not limited to**

- a. Written reprimand in employee's personnel file;
- b. Retraining on HIPAA awareness;
- c. Retraining on Privacy Policies;
- d. Retraining on the proper use of internal forms and HIPAA required forms;
- e. Suspension of employee (pursuant to guidance from Human Resources).

**4. Class IV offenses shall include, but are not limited to**

- a. Termination of employment;
- b. May subject employee to civil penalties as provided under HIPAA or other applicable federal, state, or local laws;
- c. May subject employee to criminal penalties as provided under HIPAA or other applicable federal, state, or local laws.

**C. Retaliation**

UCR Health will not intimidate, threaten, coerce, discriminate against, or take other retaliatory action against an individual who:

- 1. Exercises their rights or participates in the UCR Health grievance process;
- 2. Files a complaint with the Secretary of Health and Human Services;
- 3. Testifies, assists, or participates in an investigation, compliance review, proceeding, or hearing;
- 4. Opposes any act or practice that is unlawful under HIPAA, providing that the individual acted in good faith, believing that the practice was unlawful, the manner of opposition is reasonable, and does not involve disclosure of PHI in violation of HIPAA regulations

**VI. Forms/Attachments** (Not Applicable)

**VII. Related Information** (Not Applicable)

**VIII. Revision History**  
New 5/2016

Approval(s):

COMPLIANCE COMMITTEE (XX/XX/XXXX)



\_\_\_\_\_  
PAUL HACKMAN, J.D., L.L.M.  
CHIEF COMPLIANCE AND PRIVACY OFFICER,  
SCHOOL OF MEDICINE

2-10-2020  
DATE



\_\_\_\_\_  
DEBORAH DEAS, M.D., M.P.H.  
VICE CHANCELLOR, HEALTH SCIENCES  
DEAN, SCHOOL OF MEDICINE

2-10-2020  
DATE