

University Physicians Inc.



SANCTIONS APPLICABLE TO WORKFORCE POLICY

Latest Revision:

Original Effective Date: April 4, 2003

Purpose The purpose of this policy is to outline the procedures for handling violations of UPI's HIPAA policies.

Policy The UPI Privacy Officer, Security Officer, or appropriate Management is responsible for investigating and taking appropriate disciplinary action, where applicable, for failure to comply with organizational policy addressing HIPAA.

It is the responsibility of UPI employees to report known or suspected HIPAA violations. 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 Rules.

Procedure UPI's Privacy Officer, Security Officer, or appropriate Management will investigate and document all alleged violations, eventual resolution and any sanctions applied. The Privacy Officer or Security Officer will maintain all official documentation related to HIPAA violations.

All affected Departments and/or individuals shall cooperate fully with the investigation. The Privacy Officer or Security Officer shall keep UPI officials apprised of ongoing investigations as appropriate.

The Privacy Officer or Security Officer will work with the appropriate Management officials to assure the appropriate disciplinary action is taken for known violations. Disciplinary action may begin at any level up to and including termination. Any action taken by Management in an individual case should not be assumed to establish a precedent in other circumstances.

Definitions See glossary for key terms and acronyms used in this policy.
(On file with Privacy Officer)

Enforcement Enforcement of this policy will reside with the Privacy Officer, Security Officer or appropriate Management.

Criminal Penalties The HIPAA statute provides for severe criminal penalties for certain violations of the HIPAA Privacy Rule. A person who knowingly and in violation of the Privacy Rule discloses individually identifiable health information to another person faces a range of possible penalties, depending on certain factors. The base set for penalties includes a fine of not more than \$50,000 and imprisonment of not more than one year, or both. If the offense is committed under false pretenses, the person may be fined not more than \$100,000 and imprisoned for not more than five years, or both. If the offense is committed with the intent to sell, transfer, or use individually identifiable health information for commercial advantage, personal gain, or malicious harm, the person may be fined not more than \$250,000 and imprisoned for not more than ten years, or both.

Civil Penalties The HIPAA statute provides that the Secretary of HHS shall impose civil penalties of not more than \$100 for each violation of a particular standard, with the total amount of all violations of the identical requirement not exceeding \$25,000 per year.

Rationale/ Source This policy complies with requirements of the following:
Health Insurance Portability and Accountability Act (HIPAA)

Cross References For additional information, refer to the following:

Document Name

Review or Revision Date This policy is reviewed and approved annually, and as revised.

MM/DD/YYYY	MM/DD/YYYY	MM/DD/YYYY	MM/DD/YYYY
Revised 02/4/05			

Governance Responsibility for adoption and/or implementation of this policy is as follows:

Approving Body			
Privacy Officer:	02/4/05	Security Officer:	02/04/05
Signature on file.	Date	Signature on file.	Date
Executive Approval			
Chief Operating Officer:	02/04/05		
Signature on file.	Date		