



Sanctions Policy

Original Effective Date: April 4, 2003
Latest Revision: December 1, 2009

Purpose:

The purpose of this policy is to outline procedures for handling violations of CU Medicine's (CU Medicine's) HIPAA policies.

Policy:

The CU Medicine 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 CU Medicine 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:

CU Medicine'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 CU Medicine officials apprised of ongoing investigations as appropriate.

The Privacy Officer or Security Officer will work with the Human Resources Department to assure 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.