

Company Policy: Unauthorized Disclosure of Protected Health Information (PHI)
Policy Number: 0000
Created: 0/0/00
Effective: 0/0/00
Revised: 0/0/00
Approved by:

Policy:

Every Associate will follow the established policy and procedures for appropriate release of information contained in the Company Release of Information (ROI) Training Manual and Company Policy and Procedure Manual. This includes performing a final quality check on any copies of records prior to mailing.

If it has been suspected that an error has been made in which an unauthorized disclosure of PHI occurs, whether it be verbal or written, this event must be reported within according to procedure, documented, investigated, and tracked according to the Health Insurance Portability and Accountability Act (HIPAA) guidelines. Failure to report the unauthorized disclosure of PHI is a serious violation of Company’s policy. Every effort will be made to correct the situation and re-educate staff. Repeated errors and/or a single serious violation may result in disciplinary action as determined to be appropriate by Company.

In the event of gross negligence, significant unauthorized disclosure of PHI, willful breach of confidentiality, or serious violation of medical records release procedures Company will impose disciplinary action up to and including discharge as determined to be appropriate by Company. In addition, federal criminal penalties may also apply.

HIPAA Statement:

Standard: Safeguards

“A covered entity 164.530 (c) (1) must have in place appropriate administrative, technical, and physical safeguards for protected health information (PHI). As such, the entity must reasonably safeguard PHI from any intentional or unintentional use or disclosure in violation of the standards implementation specification or other requirements of this” [Rule].

Standard: Sanctions

A covered entity (164.530 (e) (1) “must have and apply appropriate sanctions against members of its workforce who fail to comply with the privacy policies and procedures of the covered entity or the requirements of” the Rule. This requirement or standard, “does not apply to a member of the covered entity’s workforce with respect to actions that are covered by and meet the conditions of” the Rule’s requirements for disclosures by whistleblowers, crime victims, or workforce members that are filing a complaint with the Secretary, testifying, assisting or participating in an investigation, compliance review or similar proceeding, or opposing any unlawful act or practice. “A covered entity must document the sanctions that are applied, if any.”

Standard: Mitigation

“A covered entity 164.530 (f) must mitigate to the extent practicable, any harmful effect that is known to the covered entity as a use or disclosure of PHI in violation of its policies and procedures or the requirements of this [Rule] by the covered entity or its business associate.”

Procedure:**1) Company must be informed of an incident of an unauthorized disclosure of PHI by the following:**

- a) Associate notifies their supervisor immediately upon knowledge of incident.
- b) Patient or other requestor – may notify the Health Information Management (HIM) Director, file a complaint with the facility’s administration, or contact Company’s Customer Service Department or Collections Department directly.
- c) The HIM Director may notify an operations manager or a member of the senior management team directly.

2) Field Notification (if an Associate is aware of the unauthorized disclosure of PHI)

- a) Associate must notify the Area Manager. Failure to notify manager immediately is a serious violation of Company’s policy.
- b) Area Manager:
 - i) Completes the Unauthorized Disclosure of Protected Health Information Investigation Form to the extent possible.
 - ii) Faxes form to Regional Manager for signature and further action, and Corporate Compliance Office.
 - iii) Notifies the facility HIM Director.
 - iv) Begins the established investigation process as further outlined below.
- c) Regional Manager completes and signs the form and forwards it to:
 - i) Regional Human Resources Manager who assists the Area Manager and Regional Manager with the creation of an action plan to include:
 - (a) Remedial training to include re-training certificate;
 - (b) Verbal and/or written counseling and performance improvement plan;
 - (c) Close supervision as needed.
 - ii) Corporate Compliance Office to proceed with required HIPAA reporting procedure.
 - iii) Zone Vice President who notifies Legal and Corporate Counsel as appropriate.
- d) Company Corporate Compliance Office will compile and maintain a master list for the entire country and Report to the HIPAA Task Force in addition to the following Individuals:
 - i) Executive Vice President Operations;
 - ii) Legal and Corporate Counsel;
 - iii) Chief Financial Officer;
 - iv) Senior Vice President Human Resources;

- v) Senior Vice President Operations;
- vi) Regional Managers.

3) Customer Service Notification (if complaint received by Customer Service Department, Collections Department or any other department, associate or manager)

- a) Complaint from customer (patient, requestor, or HIM Director) is received by Company department associate or manager.
 - i) Apology, on behalf of Company is made to the reporting party, with an assurance that an investigation will begin immediately.
 - ii) Company department associate (in Customer Service, Collections or other department) completes the Unauthorized Disclosure of Protected Health Information Investigation Form and sends a facsimile to Regional Manager for signature and further action, and to the Corporate Compliance Office.
 - iii) Regional Manager receives the form and initiates the following:
 - (1) Discusses the events with the Area Manager who will then notify the HIM Director and begin the established investigatory procedures (outlined below).
 - (2) Continues the established notification procedure (as outlined above in Section 2, Part (c).)
- b) If records sent pursuant to an unauthorized disclosure are returned to Customer Service, or Collections Department the Customer Service or Collections Associate will:
 - i) Complete the Unauthorized Disclosure of Protected Health Information Investigation Form and send a facsimile to Regional Manager for further action and to the Corporate Compliance Office. The Regional Manager will proceed as indicated above;
 - ii) Forward a copy of the invoice, one page of the records supporting the unauthorized disclosure, and any letter the requester may have sent to the Corporate Compliance Office for attachment to the monthly report.

4) Anonymous Reporting via Company HIPAA Hotline

- a) Chart Management Associates may anonymously report an unauthorized disclosure of PHI via the HIPAA Hotline.
- b) The caller is encouraged to provide as much detailed information as possible on the unauthorized disclosure of PHI and to identify any parties involved.
- c) The Company Privacy Officer or designee will complete the Unauthorized Disclosure of Protected Health Information Investigation Form and forward to the Regional Manager for signature and further processing.

5) Investigation of any unauthorized disclosure of PHI event will be conducted in a professional, discreet, and timely manner. Actions will be taken to remedy the situation as identified below:

- a) Every effort will be made to retrieve the PHI sent in error for review and destruction.

- b) The correct patient information originally requested will be retrieved and expedited to the requesting party, if appropriate.
- c) Personal visits and/or phone calls will be made to interview the employee(s) and others relevant to the event.
- d) The patient records may be requested for examination.
- e) The patient authorization will be requested and reviewed.
- f) The Company computer database utilized at the facility will be examined.
- g) Copies of any and all of the above will be obtained as necessary for investigation of the event.
- h) Written statements may be requested of employees, hospital staff, etc., involved in or having knowledge of the event.
- i) All data gathered will be examined and discussed with the Regional Manager and Human Resources Manager prior to any disciplinary actions being taken.
- j) If the HIM Director requests the employee(s) be removed, this will be discussed with the Regional Human Resources Manager, the Regional Manager and Zone Senior Vice President before any decision is made or action taken.

6. Investigation Report and Follow Up

- a) The completed investigation report will be forwarded to:
 - i) Area Manager;
 - ii) Regional Manager;
 - iii) Regional Human Resources Manager;
 - iv) Senior Vice President of Operations;
 - v) Corporate Compliance Office;

The investigation report will be reviewed by the above, as appropriate, to take corrective actions and recommend any disciplinary actions needed. The Area Manager will work closely with the Regional Human Resources Manager to determine if disciplinary action is necessary and if so to what degree. The Area Manager will review the final recommendations and visit the site to review associate procedures, work flow and policies to prevent re-occurrence.

- b) Re-training of the involved associate(s) will take place immediately and the re-training certificate will be completed and sent to the Regional Human Resources Manager upon completion of training.
- c) A log of all investigation reports will be maintained by the Corporate Compliance Office.
- d) If a verbal or written counseling is presented to the employee(s), a signed copy of the counseling will be immediately forward by the appropriate manager to the Regional Human Resources Manager.
- e) If after investigation, the incident is determined to be one of gross negligence, significant unauthorized disclosure of PHI, willful breach of confidentiality, and/or serious violation of medical records release procedures, the actions taken may include the employee(s) discharge as determined to be appropriate by Company and/or further legal action, if warranted.
- f) If it is determined, after full investigation, that no unauthorized disclosure of PHI and/or breach of confidentiality occurred, this finding will be clearly stated on the

investigation report and communicated to all parties listed in 6.a. above as well as the HIM Director and or Requestor as appropriate.

- g) The Regional Human Resources Manager will forward all applicable forms including the re-training certificate and counseling form to the Corporate Compliance Office and to the and will be placed in the employee(s)' personnel file.