

## UNIVERSITY OF WYOMING

### POLICY 3.5

#### SANCTIONS

- I. **Purpose:** This purpose of this policy is to outline the procedures for sanctions of workforce members of UW Covered Components, in response to violation of any of the applicable policies in the HIPAA/HITECH Compliance Program. All personnel of the UW Covered Components must comply with this policy. This includes officer, agents, employees, staff, students, trainees, contractors, temporary workers and volunteers of the UW Covered Component. Demonstrated competence in the requirements of this policy is an important part of the responsibilities of every member of the workforce.
  
- II. **Reporting of Violations:** Any employee, student, trainee or volunteer associated with the UW Covered Component is responsible for reporting known or suspected violations of the UW Covered Component's privacy or security policies to the UW Covered Component's Privacy or Security Officer, as applicable.
  - a. **Process:** Violations should be reported to the Privacy and/or Security Officer using a form approved by the UW Covered Component.
  - b. **Exclusions:** Violations do not include disclosures made 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 or Security Rules. UW Covered Component workforce members or Business Associates may release PHI to a health care oversight agency, or the Office of Civil Rights, if they reasonably believe there is a violation of the HIPAA Privacy Rule. Disclosures by individuals for this purpose will not be considered a disclosure in violation of the HIPAA Privacy Rule and will not be subject to this policy.
  
- III. **Investigation:** The UW Covered Component's Privacy Officer will investigate and document all alleged violations, and their eventual resolution, including any disciplinary actions taken. The UW Covered Component's Privacy Officer will maintain all official documentation related to alleged and/or substantiated privacy violations. The UW Covered Component's Security Officer will maintain all official documentation related to alleged and/or substantiated security violations.
  - a. **Cooperation.** All affected departments and/or individuals shall cooperate fully with the investigation. The UW Covered Component's Privacy Officer shall keep UW Covered Component senior level officials apprised of ongoing investigations. Given the nature of some of these investigations, there are times when the scope of the problem must be determined before notification is possible.
  - b. **Consultation:** The UW Covered Component's Privacy Officer shall be responsible for determining, in conjunction with other appropriate personnel including UW Human Resources, UW Office of General Counsel, and the department supervisor or director of the workforce member in question whether a policy violation has occurred.

- IV. Disciplinary Action:** Sanctions for privacy and information security-related violations must be applied consistently but will depend on the relative severity of the violation and comply with other UW policies or Regulations, including but not limited to UW Regulation 5-801, the UW Employee Handbook, and the UW Student Code of Conduct, as applicable.
- a. Types of Disciplinary Action:** Sanctions including disciplinary actions will be based on the relative severity of the violation and may include, but are not limited to, the following:
- i. Written Warning: A written warning includes documenting the violation and obtaining agreement with the individual that these actions will not occur in the future. The UW Covered Component's Privacy and/or Security Officer, the individual who breached the UW HIPAA Privacy or Security policies, and appropriate UW Covered Component senior officials are required to sign the written warning.
  - ii. Additional training on privacy and security policies: The individual will be required to attend additional training on HIPAA's requirements.
  - iii. Job Reassignment: The individual's job responsibilities that deal with Protected Health Information or electronic Protected Health Information will be limited or removed from his or her overall responsibilities. This may impact his or her salary if additional duties are not assigned.
  - iv. Suspension: The individual is placed on unpaid leave of absence for a designated period of time.
  - v. Termination: Termination includes employment, residency, termination of enrollment (if a student is involved), or loss of volunteer faculty work and/or privileges.
- b. Documentation:** The UW Covered Component's Privacy and Security Policy sanction documentation and changes shall be retained for six (6) years or later as required by any other applicable state or federal law or UW Regulation.
- c. Breach Notification:** In some instances, the event that is the violation of the HIPAA policies may also trigger an analysis to determine whether a breach has occurred and whether notification is required under HIPAA (See UW HIPAA Policy 3.6).

**V. REFERENCES/APPLICABLE LAW:**

- a. 45 C.F.R. Sections 164.502(j); 164.530(e); and 164.308(a)(1)(ii)(C)

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