
SUBJECT: SANCTIONS

GENERAL STANDARD (PRIVACY RULE SECTION 164.530(e)):

AHS will develop and apply a policy to sanction members of its workforce who violate the Privacy Rule. AHS will apply such sanctions evenly among all members of its workforce, but will not apply such sanctions when the individual disclosing information is protected by the Privacy Rule.

PRIVACY RULE:

- I. A CE must have and apply appropriate sanctions against members of its workforce who fail to comply with the privacy policies and procedures of the CE or the requirements of the Privacy Rule. This standard does not apply to a member of the CE's workforce with respect to actions that are covered by and that meet the conditions of Paragraphs VI and VII of the AHS General Standard and Guidelines on "Administrative Requirements."
 - II. A CE must document the sanctions that are applied, and retain such documentation for six years from the date they were created, or the date when they are last in effect, whichever is later.
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GUIDELINES:

1. AHS must have and apply appropriate sanctions against members of its workforce who fail to comply with its Privacy Standards and Guidelines or the requirements of the Privacy Rule.
2. AHS trains, and will continue to train, its workforce members, to ensure such members understand and comply with applicable Privacy Standards and Guidelines.
3. Appropriate sanctions are determined based on the nature of a violation, its severity, whether it was intentional or unintentional, whether it indicates a pattern of improper access, use or disclosure of PHI, and other, similar factors.
4. In all cases, sanctions will be determined after review of pertinent facts and consideration by relevant management, in consultation with the Privacy Official, legal counsel, and Human Resources personnel.
5. AHS will inform a workforce member suspected of having violated a Privacy Rule Standard or Guideline, or the Privacy Rule, that certain violations may result in

notification to law enforcement officials as well as regulatory, accreditation, and licensure organizations.

6. Sanctions may include verbal warnings, written warnings, probationary periods or termination of employment.
7. AHS will document the sanctions it applies, if any, and retain such documentation for six (6) years from the date of their creation or when they were last in effect, whichever is later.
8. This Standard and Guidelines does not apply to a workforce member with respect to actions that are covered by and that meet the following conditions:
 - A. The workforce member believes in good faith that AHS has engaged in conduct that is unlawful or otherwise violates professional or clinical standards, or that the care, services, or conditions provided by AHS potentially endanger one or more patients, workers, or the public, and the workforce member discloses PHI to:
 - i. A health oversight agency or public health authority authorized by law to investigate or otherwise oversee the relevant conduct or conditions of AHS;
 - ii. An appropriate health care accreditation organization for the purpose of reporting the allegation of failure to meet professional standards or misconduct by AHS; or
 - iii. An attorney retained by or on behalf of the workforce member for the purpose of determining the legal options of the workforce member with regard to the foregoing conduct;
 - B. The workforce member, who is the victim of a criminal act, discloses PHI to a law enforcement official, provided that the PHI disclosed is about the suspected perpetrator of the criminal act, and is limited to the information listed in Section 164.512(f)(2)(i);
 - C. The workforce member:
 - i. Filed a complaint with the Secretary of the Department of Health and Human Services with respect to a Privacy Rule issue;
 - ii. Testified, assisted, or participated in an investigation, compliance review, proceeding, or hearing under Part C of Title XI; or
 - iii. Opposed any act or practice made unlawful by the Privacy Rule, provided the workforce member has a good faith belief that the practice opposed is unlawful, and the manner of the opposition is reasonable and does not involve a disclosure of PHI in violation of the Privacy Rule.