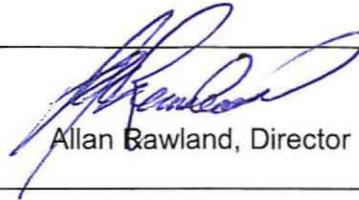


**County of San Bernardino
Department of Behavioral Health**

HIPAA Violation Sanctions Policy

Effective Date 11/17/2006
Revision Date 04/30/2009



Allan Bawland, Director

Policy It is the policy of the Department of Behavioral Health (DBH) to take appropriate disciplinary action against DBH employees, contract agency employees, or individuals granted access from other county departments, who violate the Department's privacy policies or state, or federal confidentiality law or regulation, including the Health Insurance Portability and Accountability Act of 1996 (HIPAA).

Purpose To ensure that there are appropriate sanctions that will be applied to employees who violate the requirements of the HIPAA Privacy Rule and/or the Department of Behavioral Health's HIPAA Privacy policy.

Violations Listed below are the types of violations that require sanctions to be applied. They are stated at levels 1, 2, and 3 depending on the seriousness of the violation.

Levels	Description of Violation
1	<ul style="list-style-type: none">• Accessing information that you do not need to know to do your job.• Sharing computer access codes (user name & password).• Leaving computer unattended while you are logged into PHI program.• Disclosing confidential or patient information with unauthorized persons.• Copying information without authorization.• Changing information without authorization.• Discussing confidential information in a public area or in an area where the public could overhear the conversation.• Discussing confidential information with an unauthorized person.• Failing/refusing to cooperate with the Chief Compliance Officer, DBH Privacy and Security Officer or authorized designee.

Continued on next page

County of San Bernardino Department of Behavioral Health

HIPAA Violation Sanctions Policy, Continued

Violations (continued)

Levels	Description of Violation
Level 2	<ul style="list-style-type: none"> • Second occurrence of any Level 1 offense (does not have to be the same offense). • Unauthorized use or disclosure or PHI. • Using another person's computer access code (user name & password). • Failing/refusing to comply with a remediation resolution or recommendation.

**Recommended
Disciplinary
Actions**

In the event that a member of DBH workforce, or contracted service, or individual granted access from other county departments violates DBH privacy and security policies and/or violates the Health Insurance Portability and Accountability Act of 1996 (HIPAA) or related state laws governing the protection of confidential and patient identifiable information, the following recommended disciplinary actions will apply.

Violation Level	Recommended Disciplinary Action
1	<ul style="list-style-type: none"> • Verbal or written reprimand* • Retraining on privacy/security awareness • Retraining on DBH privacy and security policies and civil and criminal prosecution • Retraining on the proper use of internal/required forms
2	<ul style="list-style-type: none"> • Letter of Reprimand; or suspension* • Retraining on HIPAA awareness • Retraining on DBH's privacy and security policies and how it impacts the said employee and said employee's department • Retraining on the proper use of internal forms and HIPAA required forms
3	<ul style="list-style-type: none"> • Termination of employment or contract • Expulsion from training program • Civil penalties as provided under HIPAA or other applicable Federal/State/Local law

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County of San Bernardino Department of Behavioral Health

HIPAA Violation Sanctions Policy, Continued

**Recommended
Disciplinary
Actions**
(continued)

Important Note: The recommended disciplinary actions are identified in order to provide guidance in policy enforcement and are not meant to be all-inclusive. If formal discipline is deemed necessary, DBH shall consult with the Human Resources Officer (HRO) prior to taking action. When appropriate, progressive disciplinary action steps shall be followed allowing the employee to correct the behavior which caused the disciplinary action.

*A Letter of Reprimand must be reviewed by the HRO before given to the employee.

Exceptions

Depending on the severity of the violation, any single act may result in disciplinary action up to and including termination of employment or contract with DBH.

References

U.S. Department of Health and Human Services (no date). Health Information Privacy. Retrieved April 24, 2009, from <http://www.hhs.gov/ocr/privacy/index.html>.

**Related
Policies**

San Bernardino County Policy Manual 16-02 [Protection of Individually Identifiable Health Information](#)
San Bernardino County Standard Practice 16-02SP [Protection of Individually Identifiable Health Information](#)
DBH SPM COM 905 [Client Privacy and Confidentiality of Protected Health Information](#)
DBH SPM COM 0901 [Sending Confidential Information by Facsimile Policy](#)
DBH SPM COM 0904 [Medical Records Security Policy for Outpatient Services](#)
DBH SPM IT 5009 [User I.D. and Password Policy](#)
