

Maricopa Integrated Health System: Administrative Policy & Procedure

Effective Date: 03/03

Reviewed Dates: 05/08

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Policy #: 01303 S

Policy Title: Compliance/HIPAA: Mitigation of Harm Resulting from Unauthorized Use or Disclosure of Protected Health Information

Scope: District Governance(G)

System-Wide(S)

Division(D)_____

Department(T)_____

Signature: _____
[John Middleton – Chief Compliance Officer, MIHS]

Purpose:

To establish a procedure to mitigate, to the extent practicable, any harmful effect that results from an unauthorized use or disclosure of protected health information.

Policy:

Maricopa Integrated Health System (MIHS) will take positive action to minimize known harmful effects resulting from the unauthorized use or disclosure of protected health information (“PHI”), and will alleviate known instances of harm where the use or disclosure is in violation of MIHS Administrative Policies and Procedures or HIPAA Privacy Regulations.

Note: Business associates—including students—have an obligation to notify MIHS of any use or disclosure of PHI not permitted by the contract between Associate and MIHS within five (5) business days of Associate’s learning of such use or disclosure.

Procedure:

1. Upon receiving any information from any source that PHI may have been used or disclosed, intentionally or inadvertently, in a manner that does not comply with MIHS Administrative Policies and Procedures or the HIPAA Privacy Regulations, MIHS personnel will report such use or disclosure to the Compliance Office. MIHS personnel will take steps to stop or limit any such use or disclosure also.
2. The Compliance Office will investigate the report and determine whether the use or disclosure did not comply with MIHS policies and procedures.
3. If the Compliance Officer determines that the use or disclosure violated MIHS policy, the Compliance Officer will contact the person or persons responsible for the violation (“the original source”) and take all practicable measures to retrieve and cease any further use or disclosure of the information. Also, the Compliance Officer will determine from the original source all of the persons or entities receiving the PHI from the original source.
4. If the original source reports that other persons or entities received the PHI in a manner that did not comply with MIHS policy, the Compliance Officer will contact those persons or entities and take all practicable measures to retrieve the information and cease further use or disclosure.

5. If the Compliance Officer determines that the original source is an employee of the MIHS, the Compliance Officer will report the matter to the original source's Supervisor and to the Human Resources ("HR") Department. The Supervisor and the HR Department will consult with the Compliance Officer on appropriate sanctions to impose on the original source for violating MIHS policy, up to and including termination.
6. If the Compliance Officer determines that the original source is a business associate of the MIHS, the Compliance Officer will report the matter to the MIHS Materials Management Contract Department, which will take appropriate action with regard to the business associate.

References: HIPAA Privacy Regulations

Keywords: Compliance Office, Compliance Officer, HIPAA, mitigation of harm, PHI