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| Title: | Disciplinary Action for Violations of Confidential Information/PHI | | | | |
| Department/Service Line: | Compliance Privacy | | | | |
| Approver(s): | BSWH Corporate Compliance Committee | | | | |
| Location/Region/Division: | BSWH | | | | |
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# sCOPE

This document applies to Baylor Scott & White Health including Controlled Affiliates (“BSWH”).

# DEFINITIONS

*When used in this document with initial capital letter(s), the following word(s)/phrase(s) have the meaning(s) set forth below unless a different meaning is required by context. Additional defined terms may be found in the BSWH P&P Definitions document.*

**Controlled Affiliates -** Baylor Scott & White Health has more than 50% ownership, directly or indirectly, of the stock, partnership interest, membership interest, profits or capital interest in a corporation, partnership or limited liability company, or beneficial interest in a trust. Includes, but is not limited to, having the power to appoint and remove, directly or indirectly, a majority of the governing body. This definition, unless otherwise indicated, does not apply to Controlled Affiliates managed by a third party.

**Confidential Information -** nonpublic information pertaining to company's business. Information that is not known to the public regarding the business of the company or any subsidiary relating to research and development, processes, trade secrets, customers, suppliers, finances and business plans and strategies.

**Protected Health Information (“PHI”) –** Individually identifiable health information that is created, received, maintained or transmitted by BSWH, in any form or media, whether electronic, paper or oral, and which is protected by the Health Insurance Portability and Accountability Act of 1996 (HIPAA) and/or Texas law.

**Sensitive Personal Information (“SPI”) –** any combination of individual's name, address, or telephone number, in conjunction with the individual's Social Security number, driver's license number, account number, credit or debit card number, or a personal identification number or password.

**Workforce –** employees, volunteers, trainees, and other persons whose conduct, in the performance of work for a covered entity or business associate, is under the direct control of such covered entity or business associate, whether or not they are paid by the covered entity or business associate.

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| policy |

BSWH takes appropriate disciplinary action to address any event where a BSWH Workforce member violates the BSWH confidentiality, privacy or security policies, BSWH Code of Conduct, BSWH Confidentiality Agreement, Federal or state laws or regulations pertaining to privacy or security of PHI, SPI or Confidential Information.

# PROCEDURE

Individuals, who commit, observe or become aware of an actual or suspected unauthorized or inappropriate access, use or disclosure of PHI, SPI or Confidential Information are responsible for promptly reporting it via:

* Department Leaders/Manager
* Telephone by contacting the Privacy Office at 1-866-218-6920
* Electronic mail by contacting Privacy@BSWHealth.org
* Mail by contacting the Office of Corporate Compliance Privacy 2401 S. 31st Street, MS-AR-300, Temple, Texas 76502., or
* Compliance Help Line at 866-245-0815 or http://compliancehelpline.bswhealth.com

Disciplinary action related to unauthorized or inappropriate access, use or disclosure of Confidential Information, PHI or SPI is reviewed and determined by Human Resources, Corporate Compliance, and/or Legal/Risk Management in coordination with department/service line leadership.

Examples of prohibited conduct related to unauthorized or inappropriate access, use or disclosure of confidential information, PHI or SPI include, but are not limited to:

* Sharing with or allowing another individual to use your BSWH login/credentials
* Accessing a patient’s information without having a business or clinical purpose
* Accessing your own or a family member’s information utilizing your BSWH credentials and/or failing to follow the appropriate request process
* Verbal disclosures that are beyond the minimum necessary or no business need to know
* Verbal disclosures to patient’s family member or friend, without patient’s permission
* Bypassing the BSWH secure communication and storage options for confidential information, PHI or SPI
* Social Media postings about patients/visitors or situations involving a patient/visitor
* Pictures of patients without proper consent
* Lost or stolen devices, documents, etc.
* Communicating about a patient via text message, with or without pictures
* Placing documents containing PHI in the regular trash
* Inadvertently sending/providing paper PHI to the incorrect recipient (i.e. fax, mail, handing off of documents)
* Email with PHI sent unsecured to non-BSWH email recipient or to incorrect recipient

If access to PHI or employment of an individual is terminated due to a privacy violation, any re-instatement of access to systems containing PHI may be denied at the discretion of BSWH.

# ATTACHMENTS

None.

# RELATED DOCUMENTS

None.

# REFERENCES

45 C.F.R. §164.530(e) Administrative Requirements

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| The information contained in this document should not be considered standards of professional practice or rules of conduct or for the benefit of any third party. This document is intended to provide guidance and, generally, allows for professional discretion and/or deviation when the individual health care provider or, if applicable, the “Approver” deems appropriate under the circumstances. |