

LAC+USC MEDICAL CENTER POLICY

Subject: PRIVACY STANDARDS: NON-RETALIATION	Original Issue Date: 4/14/03	Policy # 203.6
	Supersedes: 10/8/13	Effective Date: 11/21/22
Departments Consulted: Privacy Council Office of Human Resources Ethics Resource Committee	Reviewed & Approved by: Attending Staff Association Executive Committee Senior Executive Officer	Approved by: (Signature on File) Chief Medical Officer
		(Signature on File) Chief Executive Officer

PURPOSE

To state the LAC+USC Medical Center policy not to retaliate against or intimidate individuals who make complaints or assert their rights under the Privacy Standards of the Health Insurance Portability and Accountability Act of 1996 (HIPAA).

POLICY

It is the policy of the LAC+USC Medical Center to refrain from retaliatory or intimidating acts against individuals who make complaints or assert any other rights under the Privacy Standards of the Health Insurance Portability and Accountability Act of 1996. Specifically, the Medical Center will not intimidate, threaten, coerce, discriminate against, or take other retaliatory action against any individual who asserts his or her rights under HIPAA, makes privacy or HIPAA-related complaints, assists in an investigation of Medical Center practices under HIPAA, or otherwise opposes activities that are in violation of HIPAA. Furthermore, the Medical Center will not tolerate such actions by workforce members or members of its medical or allied health professional staff.

DEFINITIONS

Workforce or

Workforce Members

Employees, volunteers, trainees, and other persons whose conduct, in the performance of work for the Medical Center, is under the direct control of the Medical Center, whether or not they are paid by the County.

PROCEDURE

- The Medical Center HIPAA Compliance Officer, along with his or her designees, is responsible for promptly investigating reports or complaints that the Medical Center or a workforce member acted to intimidate, threaten, coerce, discriminate against, or take other retaliatory action against any individual who exercises his or her rights under the HIPAA Privacy Standards or participates in any process established by the HIPAA Privacy Standards, including, but not limited to: filing complaints; testifying; assisting or participating in an investigation, a compliance review, a proceeding, or a hearing; or opposing any act or practice that is unlawful under the HIPAA Privacy Standards (as long as the individual has a good faith belief that the practice opposed is unlawful and the manner in which the individual opposes such activities is reasonable and does not involve the disclosure of protected health information (PHI) in violation of the HIPAA Privacy Standards).

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	Chief Executive Officer's Initials: (Initials on File)	

- The Medical Center HIPAA Compliance Officer, together with the Office of Human Resources and the appropriate supervisor, will apply appropriate disciplinary actions against any workforce member found to have violated this policy, in accordance with Medical Center Policy 548, "Privacy Standards and Policies: Disciplinary Actions for Failure to Comply With."
- Individuals who believe they have been treated in a manner that violates this policy may report such violation to the Medical Center HIPAA Compliance Officer, the Los Angeles County Department of Health Services Privacy Officer, the Los Angeles County Chief Information Privacy Officer, or the federal government (Secretary of the Department of Health and Human Services) in accordance with the Medical Center Policy 203.7, "Protected Health Information: Complaints Related to the Privacy Of."

RESPONSIBILITY

Administration
HIPAA Compliance Office
Human Resources
All Employees

REFERENCES

45 Code of Federal Regulations, Parts 160 and 164, § 164.530(g)
DHS Policy No. 361.10, "Disciplinary Actions For Failure To Comply With Privacy Policies And Procedures"
DHS Policy No. 361.11, "Complaints Related to the Privacy Of Protected Health Information (PHI)"
DHS Policy No. 361.13, "Non-Retaliation"
Medical Center Policy No. 548, "Privacy Standards and Policies: Disciplinary Actions For Failure to Comply With"
Medical Center Policy No. 203.7, "Protected Health Information: Complaints Related to the Privacy Of"

REVISION DATES

April 10, 2007; October 8, 2013; November 8, 2016, November 21, 2022