

HARBOR-UCLA MEDICAL CENTER

SUBJECT: NON-RETALIATION

POLICY NO. 710

PURPOSE:

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

POLICY:

Harbor-UCLA Medical Center refrains from retaliatory or intimidating acts against individuals that make complaints or assert any other rights under the Privacy Standards of the Health Insurance Portability and Accountability Act of 1996, 45 CFR Parts 160 and 164 (“HIPAA Privacy Standards”). Specifically, Harbor-UCLA Medical Center will not intimidate, threaten, coerce, discriminate against or take other retaliatory action against any individuals asserting their rights under HIPAA, making privacy or HIPAA-related complaints, assisting in an investigation of Harbor-UCLA Medical Center’s practices under HIPAA or otherwise opposing activities that are in violation of HIPAA. Furthermore, Harbor-UCLA Medical Center will not tolerate such actions by Workforce Members or members of its medical or allied health professional staffs.

DEFINITIONS:

Workforce or Workforce Members means employees, volunteers, trainees, and other persons whose conduct, in the performance of work for Harbor-UCLA Medical Center, is under the direct control of such entity, whether or not they are paid by Harbor-UCLA Medical Center.

PROCEDURE:

- I. The DHS Privacy Officer, along with the Privacy Coordinator, are responsible for promptly investigating reports or complaints that Harbor-UCLA 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 it is opposed is reasonable and does not involve the Disclosure of PHI in violation of the HIPAA Privacy Standards).

EFFECTIVE DATE: 01/14/03

SUPERSEDES:

REVISED:

REVIEWED: 12/08, 05/14, 07/17

REVIEWED COMMITTEE: N/A

APPROVED BY: _____

Kim McKenzie, RN, MSN, CPHQ
Chief Executive Officer

Anish Mahajan, MD
Chief Medical Officer

Patricia Soltero Sanchez, RN, BSN, MAOM
Chief Nursing Officer

Signature(s) on File.

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- II.** The DHS Privacy Officer/designee, together with the Department of Human Resources, shall apply appropriate disciplinary actions against any Workforce Member found to have violated this policy, in accordance with DHS Policy No. 361.10, “Disciplinary Actions for Failure to Comply With Privacy Policies and Procedures”.
- III.** Individuals who believe they have been treated in a manner that violates this policy may report such violation to the DHS Privacy Officer/designee, and may also make a complaint to DHS pursuant to DHS Policy No. 361.11, “Complaints Related to the Privacy of Protected Health Information (PHI)” and/or make a complaint to the Secretary of the Department of Health and Human Services.

REFERENCES:

45 Code of Federal Regulations § 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)”