

LAC+USC MEDICAL CENTER POLICY

Subject: PRIVACY STANDARDS AND POLICIES: DISCIPLINARY ACTIONS FOR FAILURE TO COMPLY WITH	Original Issue Date: 4/14/03	Policy # 548
	Supersedes: 5/9/17	Effective Date: 11/16/20
Departments Consulted: DHS Human Resources	Reviewed & Approved by: Attending Staff Association Executive Committee Senior Executive Council	Approved by: (Signature on File) Chief Medical Officer (Signature on File) Chief Executive Officer

PURPOSE

To state the general policy of LAC+USC Medical Center related to the unauthorized acquisition, viewing, access, use and/or disclosure of protected health information under the Privacy Standards of the Health Insurance Portability and Accountability Act of 1996, 45 C.F.R. Parts 160 and 164 (HIPAA Privacy Standards), and the Los Angeles County, Department of Health Services, and LAC+USC Medical Center policies and procedures which implement HIPAA.

POLICY

LAC+USC Medical Center will investigate any violations of policies related to protected health information (PHI), privacy, confidentiality, and security, and impose appropriate disciplinary actions where indicated.

Unauthorized acquisition, viewing, access, use, and/or disclosure of protected health information, or the failure to maintain and safeguard PHI is subject to disciplinary action, including, but not limited to, verbal counseling, written warning, written reprimand, suspension, and discharge, in accordance with the provisions of Los Angeles County Civil Service rules, DHS Discipline Manual and Guidelines, and DHS Policy No. 747, "Disciplinary Action."

Disciplinary actions are progressive and commensurate with the severity, frequency, and intent of violations. The Medical Center applies disciplinary actions equitably.

Disciplinary actions will not be applied to a workforce member who discloses PHI to a health oversight agency or to an attorney in the process of reporting either an allegation of unlawful conduct by the entity or a violation of professional standards or clinical standards, or conditions in the entity that endanger patients (whistleblower). Additionally, disciplinary actions will not be applied for filing complaints, testifying, participating in investigations, compliance reviews, proceedings or hearings, or for opposing real or perceived unlawful acts or practices under HIPAA Privacy Standards provided the disclosures are made in good faith.

DEFINITIONS

Protected Health Information (PHI)

Individually identifiable information relating to past, present, or future physical or mental health or condition of an individual, provision of health care to an individual, or the past, present, or future payment for health

Subject: **PRIVACY STANDARDS AND POLICIES:
DISCIPLINARY ACTIONS FOR FAILURE TO
COMPLY WITH**

Effective Date:
11/16/20

Policy #
548

care provided to an individual.

**Workforce or
Workforce Members**

Employees, contract staff, affiliates, volunteers, trainees, students, and other persons whose conduct, in the performance of work for DHS, is under its direct control, whether or not they receive compensation from the County.

REFERENCES

- 45 Code of Federal Regulations §§ 160.103, 164.530(e)
- Los Angeles County Civil Service Rules
- DHS Discipline Manual and Guidelines
- DHS Policy No 361.10, Disciplinary Actions For Failure To Comply With Privacy Policies and Procedures
- DHS Policy No 747, Disciplinary Actions

REVISION DATES

April 10, 2007; September 25, 2008; February 11, 2014; May 9, 2017; November 16, 2020