

Title/Subject: **HIPAA: INVESTIGATION OF COMPLAINTS & REPORTS OF BREACH OF  
PRIVACY AND SECURITY OF PHI  
SANCTIONS FOR BREACH OF PRIVACY AND SECURITY OF PHI**

Applies to:  faculty  staff  students  student employees  visitors  contractors

Effective Date of This Revision: April 14, 2003

Contact for More Information: **Plan Administrator** **Health Services Director**  
**Rowe Hall 108** **Foust Hall 249**  
**989.774.3661** **989.774.3944**

**Communication Disorders Director**  
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**989.774.3726**

Board Policy  Administrative Policy  Procedure  Guideline

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#### **BACKGROUND:**

Central Michigan University is a covered entity under the HIPAA law and regulations. According to this law, all CMU officers, employees, and agents must preserve the integrity and the confidentiality of individually identifiable health information (IIHI) pertaining to each patient or client. This IIHI is protected health information (PHI) and shall be safeguarded to the highest degree possible in compliance with the requirements of the security and privacy rules and standards established under the Health Insurance Portability and Accountability Act of 1996 (HIPAA).

#### **PURPOSE:**

CMU has adopted this policy to comply with the Health Insurance Portability and Accountability Act of 1996 (HIPAA) and the privacy regulations, as well as to fulfill our duty to protect the confidentiality and integrity of confidential protected health information as required by law, professional ethics, and accreditation requirements.

#### **DEFINITIONS:**

The terms used in this policy have the same meaning as those terms in the Health Insurance Portability and Accountability Act of 1996, Public Law 104-191 and the regulations at 45 CFR Parts 160, 162, and 164.

#### **POLICY:**

- 1.0** CMU prohibits violations of HIPAA statutory and regulatory requirements, and CMU policies and procedures in place to uphold them. Any violation of HIPAA rules or CMU policy and procedures shall constitute grounds for disciplinary action.
- 2.0** The disciplinary process and sanctions that may be imposed for a violation of HIPAA law, regulations and/or CMU policies and procedures will vary according to the status of the person who has engaged in the violation.

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Authority: R. Kohrman, Provost; G. E. Ross, VP of FAS

History: No Prior History

Indexed as: HIPAA Breach of Privacy, HIPAA Security of PHI, HIPAA Violations, HIPAA Discipline, HIPAA Sanctions

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- 2.1** Employees, including student employees, will be subject to the disciplinary processes already in place for their employee group. Disciplinary action may include termination. If the seriousness of the offense warrants such action, an employee may be terminated for the first breach of HIPAA law, regulation or CMU's HIPAA policy and procedures
- 2.2** Students who are engaged in clinical experiences giving them access to protected health information will be subject to discipline by the work site, up to and including termination from the clinical work. If the student is enrolled in a class, he/she will be subject to grading consequences according to the judgment of the instructor for that class. Students enrolled in clinical programs may be further subject to review for their fitness for continuation in the clinical education program according to the criteria and processes established by that clinical program.
- 2.3** Contractors are subject to termination of the contract.
- 3.0** Violations of HIPAA law and regulations may also subject the violator to criminal prosecution.
- 4.0** No CMU officer, employee or agent shall intimidate, threaten, coerce, discriminate against, or take other retaliatory action against any individual who files a complaint or reports a possible breach to the integrity or confidentiality of client or other sensitive information, or who cooperates in the investigation or disciplinary procedure arising out of a complaint or report.
- 5.0** All officers, employees, students, contractors and agents of CMU are expected to comply and cooperate with CMU's investigation and sanctioning of violations of HIPAA law, regulations, and CMU HIPAA policy.
- 6.0** Any employee who knowingly falsely accuses another of a breach of HIPAA rules and policy shall be subject to disciplinary action up to and including termination.

**PROCEDURE:**

- 1.0 Report of Alleged Violation of HIPAA law, regulation or CMU HIPAA policy and procedures.** Any person may report an alleged violation of HIPAA compliance by following the HIPAA Client Complaint Policy.
- 2.0 Investigation of Allegations.**
- 2.1** If an allegation is reported to a Privacy Officer for the health care component where the violation may have occurred, the Privacy Officer may attempt to resolve the allegation. If the allegation is not resolved within one week of its filing, the Privacy Officer must report the allegation to the Complaint Officer.
- 2.1.1 Conduct of Investigation.** Upon receipt of an allegation, the Complaint Officer will assure that an inquiry or investigation is conducted in coordination with the Privacy Officer of the health care component where the violation may have occurred and either Human Resources or Faculty Personnel Services. The inquiry or investigation and disciplinary process, if any, shall comply with the procedures provided in the employee's collective bargaining agreement or employee handbook. The Complaint

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Officer shall assure that a thorough and confidential investigation into the allegations is conducted.

**2.1.2 Notification of Complainant.** When the investigation has been completed and a decision related to the allegations has been reached and implemented, the Complaint Officer shall notify the complainant of the results of the investigation and any corrective action taken

**2.1.3 Resolutions by Privacy Officers.** If a Privacy Officer resolves an allegation, he/she shall provide a written report of the allegation and its resolution to the HIPAA Complaint Officer.

### **3.0 Corrective Action.**

**3.1** If the investigation of an allegation of a violation concludes that one or more employees are responsible for the violation, they may be disciplined according to the established CMU procedures for disciplining an employee in that employee group. Serious or repeated violations may lead to termination.

**3.2** If the investigation of an allegation of a violation concludes that a system or procedure or policy of CMU is responsible for the violation, corrective action will be taken. The HIPAA Complaint Officer will oversee the implementation of needed changes.

**4.0 Criminal Prosecution.** Willful and grossly negligent breaches of HIPAA law or regulations may also result in criminal prosecution.

**4.1 Agency Cooperation With Criminal Prosecution.** In the event that violation of CMU's policies and standards for privacy and security of PHI constitutes a criminal offense under HIPAA or other federal or state laws, the violator should expect that CMU shall provide information concerning the violation to appropriate law enforcement personnel and will cooperate with any law enforcement investigation or prosecution.

**5.0 CMU Involvement in Professional Discipline.** In the event that violation of HIPAA law or rules or CMU's HIPAA policies and standards for privacy and security of PHI constitutes a violation of professional ethics and is grounds for professional discipline, the violator should expect that CMU may report such violations to the appropriate licensure/accreditation agencies and will cooperate with any professional investigation or disciplinary proceedings.

**6.0 Treatment of Agents and Contractors.** CMU will seek to include violations of HIPAA law or rules or CMU's HIPAA policies and procedures as grounds for termination of the contract and/or imposition of contract penalties.

**7.0 Documentation of Sanctions.** The Complaint Officer will maintain a record of allegations received and their disposition, including sanctions that are applied. This documentation will be retained for six years from the date of its creation or the date when it last was in effect.

*Central Michigan University reserves the right to make exceptions to, modify or eliminate this policy. This document supersedes all previous policies, procedures and directives relative to this subject.*