Section 8	Hospitals and Clinical Duties	Effective: Revised:	September 2004 November 2005 May 2008 November 2010 May 2017
Policy 8.2.	HIPAA Violation Disciplinary Guidelines for Residents	Responsibility:	Associate Dean for Graduate Medical Education

HIPAA Violation Disciplinary Guidelines for Residents

Principles	Protected health information (PHI) is confidential and protected from access, use, or disclosure except to authorized individuals requiring access to such information. Attempting to obtain or use, actually obtaining or using, or assisting others to obtain or use PHI, when unauthorized or improper, will result in counseling and/or disciplinary action up to and including termination.
Definitions	• PHI = Protected health information; this includes all forms of patient-related data including demographic information • Depending on the nature of the breach, violations at any level may result in more severe action or termination • Levels I-III are considered to be without malicious intent; Level IV connotes malicious intent • At Levels II-IV, residents will be reported to the Texas Medical Board • At Level IV, individuals may be subject to civil and/or criminal liability • For any offense, a preliminary investigation will precede assignment of level of violation

Level of Violation	**Examples**	**Minimum Disciplinary/Corrective Action**
Level I	• Misdirected faxes, e-mails & mail. • Failing to log-off or close or secure a computer with PHI displayed • Leaving a copy of PHI in a non-secure area • Dictating or discussing PHI in a non-secure area (lobby, hallway, cafeteria, elevator) • Failing to redact or de-identify patient information for operational/business uses	• Written counseling by Program Director and copy to Associate Dean for GME • Notify Privacy Officer of all incidents
Level II	• Requesting another individual to inappropriately access patient information	• Written warning by Associate Dean for GME with copy to Program Director and Chair • Notify Privacy Officer of all incidents

Level of Violation	Examples	Minimum Disciplinary/Corrective Action
	• Inappropriate sharing of ID/password with another coworker or encouraging coworker to share ID/password	
Level III	• Releasing or using aggregate patient data without facility approval for research, studies, publications, etc. • Accessing or allowing access to PHI without having a legitimate reason • Giving an individual access to your electronic signature • Accessing patient information due to curiosity or concern, such as a family member, friend, neighbor, coworker, famous or “public” person, etc.	• Written notification of probation by Program Director, or Department Chair, or Associate Dean for GME (see GME Policy Manual), with notification of President of Medical-Dental Staff; or • President of Medical-Dental Staff appoints ad hoc group for investigation, potential disciplinary action(s). ADGME or designee serves as a member of the ad hoc group • Notification of affiliated health systems for possible termination of computer access • Notify Privacy Officer of all incidents
Level IV	• Releasing or using data for personal gain • Compiling a mailing list to be sold for personal gain or for some personal use • Disclosure or abusive use of PHI • Tampering with or unauthorized destruction of information	• Written notification of suspension by President of Medical-Dental Staff with copy to Program Director. • President of Medical-Dental Staff appoints ad hoc group for investigation, potential corrective action(s). ADGME or designee serves as a member of the ad hoc group • Notification of affiliated health systems for termination of computer access • Notify Privacy Officer of all incidents