



University Community

SUBJECT (R*)	EFFECTIVE DATE (R*)	POLICY NUMBER (O*)
HIPAA: SANCTIONS FOR UNAUTHORIZED USES OR DISCLOSURES OF PROTECTED HEALTH INFORMATION	June 8, 2015	1610.015

POLICY STATEMENT (R*)

Florida International University will take appropriate disciplinary action against any member of its Workforce (faculty, staff, students, agents and volunteers) who violates the University’s privacy policies and procedures or any applicable state or federal law or regulation governing the confidentiality of medical records and health information including, without limitation, “HIPAA”. Disciplinary action to be taken as it relates to any faculty or staff shall be in accordance with the applicable University collective bargaining agreement, if any, and human resources or other relevant policies. Disciplinary action to be taken as it relates to students shall be in accordance with the applicable student disciplinary process.

REASON FOR POLICY (O*)

To ensure that members of the Florida International University Workforce understand the critical significance of compliance with the University’s privacy policies and procedures in general, and HIPAA policies and procedures, in particular, and to provide notice to the University Workforce that violation of privacy policies and procedures may result in disciplinary action which may include, without limitation, termination of employment.

RELATED INFORMATION (O*)

HIPAA Privacy Rule, 45 C.F.R. § 164.514 (f)

PROCEDURES (O*)

1. Violation of Florida International University privacy policies and procedures. Failure to comply with the University’s privacy policies or procedures will result in disciplinary action against the individual committing the violation.
 - a. Florida International University privacy policies and procedures will be enforced consistently across the organization.
 - b. Sanctions that are imposed as a result of a violation of a privacy policy or procedure will be imposed consistently across the organization.
 - c. The following types of conduct on the part of a member of the FIU Workforce are grounds for disciplinary action against the individual engaging in the conduct:
 1. Failing to abide by the University’s HIPAA Policies and Procedures;
 2. Failing to attend required HIPAA education and training as a Workforce Member, or as a supervisor, failing to ensure that all employees under his/her supervision receive the required education and training;
 3. Accessing a patient’s PHI out of curiosity or for any reason other than to fulfill assigned duties in a manner that complies with University policies, procedures, and applicable state and federal law;
 4. Using a patient’s PHI for personal reasons (such as developing a personal relationship with the patient) rather than for legitimate and authorized business reasons;
 5. Discussing a patient’s PHI outside of the appropriate clinical/administrative setting or in any setting that may result in Disclosure of PHI in violation of University policies and procedures, and applicable state and federal law;

- 6. Failing to logoff or leaving a computer monitor on while unattended in an open or unsecured area or working with PHI in an unsecured networking environment;
 - 7. Copying or compiling PHI with the intent to sell or use the PHI for personal or financial gain.
2. Violations of state or federal confidentiality laws and regulations. Disciplinary action will also be taken against entities or individuals who violate related state or federal confidentiality laws and regulations.
 3. Disciplinary action/Sanctions that may be taken.
 - a. Disciplinary action and sanctions that may be taken will be determined on a case-by-case basis, taking into consideration the specific circumstances and severity of the violation; and may include, in the case of FIU employees, termination of employment, and in the case of non-FIU employees whose work performance is under the direct command of the University, termination of the contractual or business relationship, as may be necessary or appropriate.
 - b. Disciplinary action which may be taken by the University includes, without limitation:
 1. Verbal reprimand
 2. A letter to the employee’s personnel file;
 3. Administrative leave without pay;
 4. Attendance and successful completion of additional training;
 5. Reimbursement of expenses incurred by Florida International University to resolve the matter; or
 6. Termination of employment.
 4. Duty to report. Any Workforce Member who observes, becomes aware of, or suspects a wrongful Use or Disclosure of PHI maintained by FIU is required to report his/her suspicion or the wrongful Use or Disclosure as soon as possible to his/her supervisor, the HIPAA Privacy Officer or the University Compliance Officer.
 - a. A Workforce Member who makes a report of a suspected or actual improper use of Disclosure in good faith will not be retaliated against for making the report.
 - b. A Workforce Member who fails to report either a suspected or actual violation will have violated this Policy, and may be subject to disciplinary action.
 5. No retaliation for good faith reports. FIU will not retaliate against a member of its Workforce who acts in good faith believing the practice he/she reports is unlawful.

HISTORY (R*)

Effective Date: September 1, 2009; Revision Date(s): June 8, 2015.

<p>RESPONSIBLE UNIVERSITY DIVISION/DEPARTMENT (R*)</p> <p style="text-align: center;">Sr. Vice President for Health Affairs Florida International University</p> <p>RESPONSIBLE ADMINISTRATIVE OVERSIGHT (R*)</p> <p style="text-align: center;">AHC Compliance and Privacy Officer 11200 SW 8th Street AHC 2, # 693 Miami, FL 33199 Telephone number: (305)348-4737</p>	<p>The University Policies and Procedures Library is updated regularly. In order to ensure a printed copy of this document is current, please access it online at http://policies.fiu.edu/.</p> <p>For any questions or comments, the “Document Details” view for this policy online provides complete contact information.</p>
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***R = Required *O = Optional**