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SECTION: HIPAA

AREA: HIPAA PRIVACY/SECURITY POLICIES

SUBJECT: MITIGATION OF USES/DISCLOSURES IN VIOLATION OF HIPAA

PUPROSE

To inform the UAMS Workforce about the Mitigation of Uses/Disclosures in Violation of HIPAA Policy.

SCOPE

UAMS Workforce with Access to Confidential Information, including Electronic Protected Health Information (ePHI), for any purpose.

DEFINITIONS

Confidential Information includes information concerning UAMS research projects, confidential employee and student information, information concerning the UAMS research programs, proprietary information of UAMS, and sign-on and password codes for access to UAMS computer systems. Confidential information shall include Protected Health Information. Confidential Information includes information maintained or transmitted in any form, including verbally, in writing, or in any electronic form.

Electronic protected health information means individually identifiable health information that is:

- Transmitted/Received by Electronic media
- Maintained in Electronic media

Mitigate means the steps taken to lessen the harm or potential harm resulting from an improper use or disclosure of Protected Health information, including electronic Protected Health Information.

Protected Health Information (PHI) means information that is part of an individual's health information that identifies the individual or there is a reasonable basis to believe the information could be used to identify the individual, including demographic information, and that (i) relates to the past, present or future physical or mental health or condition of the individual; (ii) relates to the provision of health care services to the individual; or (iii) relates to the past, present, or future payment for the provision of health care services to an individual. This includes PHI which is recorded or transmitted in any form or medium (verbally, or in writing, or electronically). PHI excludes health information maintained in educational records covered by the federal Family Educational Rights Privacy Act and health information about UAMS

employees maintained by UAMS in its role as an employer and health information regarding a person who has been deceased for more than 50 years.

UAMS Workforce means, for purposes of this Policy, physicians, employees, volunteers, residents, students, trainees, visiting faculty and other persons whose conduct, in the performance of work for UAMS, is under the direct control of UAMS, whether or not they are paid by UAMS.

To access any other terms or definitions referenced in this policy: <http://hipaa.uams.edu/DEFINITIONS%20-%20HIPAA.pdf>

POLICY

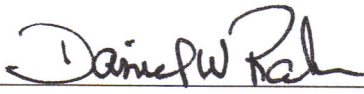
UAMS will, to the extent practicable, mitigate any harmful effects that are known to UAMS of a use or disclosure of Protected Health Information, including electronic Protected Health Information by UAMS, its Business Associates or Contractors in violation of the HIPAA regulations or UAMS policies and procedures.

PROCEDURE

- A. When any UAMS Workforce member becomes aware or when any UAMS supervisors, managers or department directors are informed that Protected Health Information (PHI) or electronic Protected Health Information (ePHI) has been improperly used or disclosed, such facts will be communicated to the UAMS HIPAA Office in accordance with the *Reporting Policy for HIPAA Violations, Administrative Guide 2.1.08* to coordinate the investigation and undertake mitigation efforts.
- B. The UAMS HIPAA Office will, with assistance from IT Security and the department involved in the incident, identify and implement any mitigation steps may be necessary, including but not limited to notifying law enforcement, activating remote control over a device, requesting that PHI be returned or destroyed by the recipient, and notifying the patient(s) involved.
- C. If UAMS determines that PHI or ePHI has been improperly used or disclosed by a member of the UAMS workforce in violation of UAMS policy, appropriate disciplinary action will be initiated and documented.
- D. If UAMS determines that PHI or ePHI has been improperly used or disclosed by a Business Associate or Contractor, UAMS will:
 1. Investigate the incident;
 2. Counsel the Business Associate or Contractor on the incident;
 3. Monitor the Business Associate's or Contractor's performance for a reasonable period of time following the incident; and
 4. If UAMS determines that the Business Associate or Contractor has not taken appropriate steps to remedy the situation leading to the inappropriate use or disclosure, UAMS will terminate the Business Associate or Contractor relationship. Refer to UAMS Administrative Guide Policy *Business Associate Policy, 2.1.18*.

SANCTIONS

Violation of this Policy will result in disciplinary action, in accordance with *Administrative Guide Policy 4.4.02, Employee Discipline*.

Signature: 

Date: October 2, 2013