**DISCIPLINE GRID**

**UMHS Policy 01-04-390**

**Discipline for Violations of Privacy or Security of Protected Health Information (PHI), Or Other Sensitive Information for All UMHS Workforce**

Rev. 02/11/2013

**NOTE:** As each individual situation may have other issues associated with it, the appropriate Nursing Director and Human Resources professional must be contacted prior to any action being taken. A committee consisting of Compliance, Legal, Human Resources and Office of Clinical Affairs will review all cases before disciplinary action is implemented.

<table>
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<tr>
<th>Level of Violation</th>
<th>Examples of Violations</th>
<th>Disciplinary Action by Workforce Status (with consideration of aggravating and mitigating factors)</th>
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<td><strong>Level 1:</strong></td>
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| Unintentional Negligent or Careless Act | • Failure to properly sign off a workstation or secure a computer.  
• Leaving medical records or a copy of PHI or other confidential information in a non-secure area.  
• E-mailing a file that includes PHI or other confidential information to the wrong person.  
• Faxing confidential information to an incorrect fax number in error due to mistakenly typing the number.  
• Dictating or discussing PHI in a public area (e.g., cafeteria, elevator) or without using reasonable safeguards (e.g., speaking in a quiet voice).  
• Improper disposal of confidential or restricted information including, but not limited to, PHI.  
• Not properly verifying individuals by phone, in person, or in writing before releasing PHI or other confidential information.  
• Failure to obtain a written agreement (e.g., data use agreement or vendor contract with business associate agreement) prior to disclosure of ePHI. | • **Medical Staff and Physician Assistants**  
   o Verbal coaching, or verbal warning with documentation by Chair with copy to Chief of Medical Staff  
• **Clinical Program Trainees**  
   o Verbal coaching, or verbal warning with documentation by Program Director with copy to Associate Dean of GME)  
• **Non-Medical Staff***  
   o Verbal coaching, or verbal warning with documentation by the immediate supervisor with copy forwarded to the Department Director  
• **Students**  
   o Verbal coaching, or verbal warning with documentation, (documentation forwarded to the applicable Dean of the school at which the student attends)  
• **For all workforce members:**  Repeat of the online MLearning HIPAA training module (PRIV-10012) that covers the relevant federal regulations, and submit documentation of course completion to the appropriate department. |

*Non-Medical Staff includes all workforce members who are not Medical Staff members, Clinical Program Trainees, or Physician Assistants. Medical Staff means Physician, Dentist, Podiatrist, Psychologist or Optometrist.*
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| Level 2: Negligent Act resulting from not following UMHS policy and procedures | • Releasing information to a caller about a patient who is designated as “No Information” status.  
• Failure to take reasonable precautions to prevent incidental disclosure of highly sensitive PHI, such as incidental disclosure of HIV status  
• Failure to follow the minimum necessary standard (e.g., releasing more information than applicable to a work-related injury to a workers compensation carrier)  
• Employee made an attempt to obtain authorization to view a patient’s medical record, but failed to follow proper procedure prior to viewing patient’s medical record (e.g., did not obtain written authorization using the proper form)  
• Unauthorized disclosure of PHI (e.g., posting information or comments without consideration of patient’s privacy which can lead to the identity of the patient on a social media platform such as Facebook®) [However, see Level 3 if PHI is considered highly sensitive]  
• Repeated incidents of Level 1 violations or self-reported accidental acts. | • Medical Staff and Physician Assistants  
  o Written performance counseling by Chair with copy to Chief of Medical Staff  
• Clinical Program Trainees  
  o Written warning by Program Director with copy to Associate Dean of GME  
• Non-Medical Staff*  
  o Verbal warning with documentation or written warning with documentation retained by individual’s internal departmental file and copy forwarded to Human Resources personnel file  
• Students  
  o Verbal warning with documentation or written warning with documentation forwarded to the applicable Dean of the school at which the student attends  
• For all workforce members: Repeat of the online MLearning HIPAA training module (PRIV-10012) that covers the relevant federal regulations, and submit documentation of course completion to the appropriate department. |

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| **Level 3:** Deliberate Unauthorized or Inappropriate Access or Use, generally out of curiosity or concern, for reasons other than personal gain or malicious intent. | • Sharing ID/password with another coworker or using another person’s ID/password.  
  • Accessing or connecting to information systems (i.e. computers, servers, routers, switches) without authorization.  
  • Accessing and reviewing the medical record of a patient without written authorization solely out of curiosity or concern, but with no malicious intent or personal gain  
  • Looking up birthdates, addresses, or other demographic information without authorization to do so.  
  • Giving an individual access to the practitioner’s electronic signature.  
  • Unauthorized, purposeful disclosure of PHI (e.g., posting highly sensitive information or comments such as HIV or psychiatric information about a patient (regardless whether the patient is actually named, but which can lead to the identity of the patient) on a social media platform such as Facebook®)  
  • Repeated incidents of Level 1 or Level 2 violations. | • **Medical Staff and Physician Assistants**  
  o Corrective action in accordance with the UMHHC Medical Staff Bylaws  
  • **Clinical Program Trainees**  
  o Probation by Associate Dean of GME, Department Chair, or Program Director  
  • **Non-Medical Staff**  
  o Disciplinary lay off (DLO) with documentation retained in individual’s internal departmental file, and if applicable, in accordance with the collective bargaining agreement applicable to the individual Non-Medical Staff member.  
  • **Students**  
  o Subject to the disciplinary action of the UMHS, up to and including dismissal and/or loss of privileges, as applicable, with documentation forwarded to the applicable Dean of the school at which the student attends  
  • **For all workforce members:** Repeat of the online MLearning HIPAA training module (PRIV-10012) that covers the relevant federal regulations, and submit documentation of course completion to the appropriate department. |

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| Intentional Blatant Disregard for Confidentiality, for personal use or gain or with malicious intent or fails to comply with information security safeguards that result in loss of availability, integrity, and confidentiality of systems or data. | • Accessing and reviewing the record of a patient without authorization for purposes of malicious intent and/or for personal gain.  
• Accessing or allowing access to PHI without having a legitimate reason and disclosure or abuse of the PHI for personal gain or malicious intent.  
• Accessing a patient record to use information in a personal relationship.  
• Compiling a mailing list for personal use or to be sold.  
• Tampering with or unauthorized destruction or disposal of patient or other sensitive information  
• Deliberate acts that adversely affect the integrity, availability, and/or confidentiality of patient information, other sensitive information and/or UMHS information systems (i.e., introduction of a virus to the UMHS network).  
• Posting a picture of a patient and/or obvious identifiable information about a patient onto a social media platform such as Facebook®  
• Repeated violations of previous levels. | • **Medical Staff and Physician Assistants** ¹  
  ○ Corrective action as outlined in the UMHHC Medical Staff Bylaws, which may include investigation by a Professional Review Committee; potentially resulting in consequences up to and including termination of privileges.  
• **Clinical Program Trainees** ²  
  ○ Corrective action as outlined in the UMHHC Medical Staff Bylaws, in conjunction with the House Officer Association contract; potentially resulting in consequences up to and including termination of appointment.  
• **Non-Medical Staff** ³  
  ○ Discharge process in accordance with Human Resources policy and practice, SPG 201.12, and any applicable labor union contract provisions.  
• **Students**  
  ○ Termination from UMHS clinical placement with documentation forwarded to the applicable Dean of the school at which the student attends. |

¹ Individuals are reported to licensing board and may be subject to civil and/or criminal liability.  
² Individuals are reported to licensing board and may be subject to civil and/or criminal liability.  
³ Depending on the individual licensure and circumstances, individuals may be reported to licensing board, as applicable, and may be subject to civil and/or criminal liability.  

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