

## Maricopa Integrated Health System Administrative Policy & Procedure

**Effective Date:** 03/03

**Reviewed Dates:** 05/08, 04/10, 03/12, 06/15, 10/16

**Revision Dates:** 10/06, 06/08, 06/15, 10/16, 11/18

**Policy #:** 01303 S

**Policy Title: Compliance/HIPAA: Mitigation of Harm Resulting from Unauthorized Use or Disclosure of Protected Health Information**

**Scope:** [ ] District Governance (G)  
[X] System-Wide (S)  
[ ] Division (D)  
[ ] Multi-Division (MD)  
[ ] Department (T)  
[ ] Multi-Department (MT)

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### **Purpose:**

To establish a procedure to mitigate, to the extent practicable, any harmful effect that results from an unauthorized use or disclosure of protected health information.

### **Definitions:**

MIHS Employee - A person who is employed by MIHS.

MIHS Personnel - All employees of MIHS, regardless of employment status, including residents, contracted employees, travelers, agency personnel, volunteers, students, and members of the Medical Staff.

PHI - Protected health information means individually identifiable health information [“Individually identifiable health information is information that is a subset of health information, including demographic information collected from an individual, and: (1) Is created or received by a health care provider, health plan, employer, or health care clearinghouse; and (2) Relates to the past, present, or future physical or mental health or condition of an individual; the provision of health care to an individual; or the past, present, or future payment for the provision of health care to an individual; and (i) That identifies the individual; or (ii) With respect to which there is a reasonable basis to believe the information can be used to identify the individual.” ] that is: (i) Transmitted by electronic media; (ii) Maintained in electronic media; or (iii) Transmitted or maintained in any other form or medium.

### **Policy:**

Maricopa Integrated Health System (MIHS) will take positive action to minimize

known harmful effects resulting from the unauthorized use or disclosure of protected health information ("PHI") and will alleviate known instances of harm where the use or disclosure is in violation of MIHS Administrative Policies and Procedures or HIPAA Privacy Regulations.

Note: Business associates—including students—have an obligation to notify MIHS of any use or disclosure of PHI not permitted by the contract between Associate and MIHS within five (5) business days of Associate's learning of such use or disclosure.

**Procedure:**

1. Upon receiving any information from any source that PHI may have been used or disclosed, intentionally or inadvertently, in a manner that does not comply with MIHS Administrative Policies and Procedures or the HIPAA Privacy Regulations, MIHS personnel will report such use or disclosure to the Compliance Office. MIHS personnel will take steps to stop or limit any such use or disclosure also.
2. The Compliance Officer will investigate the report and determine whether the use or disclosure did not comply with MIHS policies and procedures.
3. If the Compliance Officer determines that the use or disclosure violated MIHS policy, the Compliance Officer will contact the person or persons responsible for the violation ("the original source") and take all practicable measures to retrieve and cease any further use or disclosure of the information. Also, the Compliance Officer will determine from the original source all of the persons or entities receiving the PHI from the original source.
4. If the original source reports that other persons or entities received the PHI in a manner that did not comply with MIHS policies, the Compliance Officer will contact those persons or entities and take all practicable measures to retrieve the information and cease further use or disclosure.
5. If the Compliance Officer determines that the original source is an employee of MIHS, the Compliance Officer will report the matter to the original source's Supervisor and to the Human Resources (HR) Department. The Supervisor and the HR Department will consult with the Compliance Officer on appropriate sanctions to impose on the original source for violating MIHS policy, up to and including termination.
6. If the Compliance Officer determines that the original source is a business associate of MIHS, the Compliance Officer will report the matter to MIHS District Counsel and the Contract Department, which will take appropriate action with regard to the business associate.

**References:**

Health Insurance Portability and Accountability Act (HIPAA) Privacy Rule §164.308(a)

**MIHS Policy & Procedure - Approval Sheet**

(Before submitting, fill out COMPLETELY.)

**POLICY RESPONSIBLE PARTY: Compliance Officer/Privacy Officer**

**DEVELOPMENT TEAM(S): Office of Corporate Compliance**

**Policy #: 01303 S**

**Policy Title: Mitigation of Harm Resulting from Unauthorized Use or Disclosure of Protected Health Information**

**e-Signers: L.T. Slaughter, Chief Compliance Officer**

**Place an X on the right side of applicable description:**

**New -**

**Retire -**

**Reviewed -**

**Revised with Minor Changes -**

**Revised with Major Changes -X**

**Please list revisions made below: (Other than grammatical changes or name and date changes)**

Changes made to Procedures #2 & #6.

**Reviewed and Approved by in Addition to Responsible Party and E-Signer(s):**

<b>Committee: Systemwide P&amp;P</b>	<b>11/18</b>
<b>Committee: MEC</b>	<b>11/18</b>
<b>Committee:</b>	<b>00/00</b>
<b>Reviewed for EPIC:</b>	<b>N/A</b>
<b>Other:</b>	<b>00/00</b>
<b>Other:</b>	<b>00/00</b>
<b>Other:</b>	<b>00/00</b>