

Maricopa Integrated Health System: Administrative Policy & Procedure

Effective Date: 03/03

Reviewed Dates: 05/08

Revision Dates: 10/06, 06/08

Policy #: 01304 S

Policy Title: Compliance/HIPAA: Prohibition of Intimidating or Retaliatory Acts

Scope: **District Governance(G)**

System-Wide(S)

Division(D)_____

Department(T)_____

Signature: _____
[John Middleton – Chief Compliance Officer, MIHS]

Purpose:

To provide guidance to Maricopa Integrated Health System (MIHS) patients and Personnel regarding prohibition of intimidation or retaliatory acts.

Policy:

MIHS personnel will not intimidate, threaten, coerce, discriminate against, or take other retaliatory action against an individual for the exercise by that individual of any right under the HIPAA Privacy Regulations, or for participation by the individual in any process established by the Privacy Regulations.

Note: This prohibition applies to any individual filing a complaint with the United States Department of Health and Human Services (“DHHS”); testifying, assisting, or participating in an investigation, compliance review, proceeding, or hearing arising under the Privacy Regulations; or opposing any act or practice of MIHS, provided the individual or person has a good faith belief that the practice opposed is unlawful, and the manner of opposition is reasonable and does not disclose Protected Health Information (“PHI”) in violation of the Privacy Regulations.

Procedure:

1. Consistent with the MIHS intention to encourage regulatory compliance and improved patient care through an accessible and well-documented complaint process, MIHS will have no tolerance for acts of intimidation, threats, coercion, discrimination, or other retaliatory behavior against persons attempting in good faith and in a reasonable manner to exercise their rights concerning the privacy of health information.
2. As part of its compliance education program, the Compliance Office is responsible for educating all MIHS personnel of the prohibition against intimidating, threatening, coercive, discriminatory, or retaliatory action against persons exercising their rights or participating in any process concerning the privacy of health information.
3. Any reports of suspected intimidating, threatening, discriminatory or retaliatory acts taken toward patients or MIHS personnel should be reported to the Compliance Office **immediately**.
4. The Compliance Office will investigate fully any complaint or allegation of the intimidating, discriminatory, or retaliatory behavior. Upon completion of this investigation, if the Chief Compliance Officer finds that the intimidating, discriminatory, or retaliatory behavior did occur, he/she will take appropriate action against the responsible personnel, up to and including termination.

5. If MIHS personnel has filed a complaint with the Department of Health and Human Services (DHHS), testified, assisted, or participated in an investigation, or opposed any act or practice such personnel believe to be unlawful, the Chief Compliance Officer, will consult with, if necessary, Human Resources, Risk Management, and/or legal counsel before reaching any final decisions concerning the employment of the involved personnel.

References: HIPAA Privacy Regulations; MIHS Administrative Policy/Procedure: 01105 S - Non-retaliation

Keywords: Compliance Office, Compliance Officer, HIPAA Privacy Regulations, intimidation, PHI, retaliation