

BAY-ARENAC BEHAVIORAL HEALTH AUTHORITY POLICIES AND PROCEDURES MANUAL

Chapter: 9	Information Management		
Section: 3	Administrative Safeguards		
Topic: 3	Security Management Process – Sanction Policy		
Page: 1 of 3	Supersedes Date: Pol: 4-21-05 Proc: 4-21-05	Approval Date: Pol: 3-20-14 Proc: 1-21-14	<div style="border-bottom: 1px solid black; margin-bottom: 5px;"> <i>Board Chairperson Signature</i> </div> <div style="border-bottom: 1px solid black;"> <i>Chief Executive Officer Signature</i> </div>
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Policy

It is the policy of Bay-Arenac Behavioral Health Authority (BABHA) to apply appropriate sanctions when workforce members fail to comply with BABHA’s security policies and procedures resulting in documented violations of the Health Insurance Portability and Accountability Act (HIPAA) of 1996.

Purpose

This policy and procedure is established to provide the criteria under which sanctions may be applied for documented violations of the HIPAA Security Rules.

BEHAVIORAL HEALTH

Education Applies to:

- All BABHA Staff
- Selected BABHA Staff, as follows:
- All Contracted Providers: Policy Only Policy and Procedure
- Selected Contracted Providers, as follows: IS Operations Support Contract Providers
 - Policy Only Policy and Procedure
- Other: Business Associates Policy and Procedure

Definitions

Workforce Member: Employees, volunteers, and other persons whose conduct, in the performance of work for a covered entity, is under the direct control of such entity, whether or not they are paid by the covered entity. This includes full and part time employees, affiliates, associates, students, volunteers, and staff from third party entities who provide service to the covered entity.

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Procedure

1. HIPAA Security Rule compliance requirements are clearly defined in BABHA Policy and Procedure, C13-S01-T10 – Reasonable Safeguards for Protected Health Information and its accompanying related form, “Security/Confidentiality and “Need to Know” Agreement”. All workforce members who are either direct employees of BABHA or work/volunteer in some capacity exclusive to BABHA are instructed in this policy and procedure and are required to sign the related form. Failure to comply with the requirements may result in disciplinary action per BABHA personnel policies and procedures.
2. For contracted service providers, requirements are defined in contract boilerplates and failure to comply may result in sanctions as defined in service provider contracts.
3. For business associates, the requirements are specific to the HITECH Act of 2009 and the Omnibus Rule of 2013 as defined in BABHA’s Business Associate Agreement.
4. The Corporate Compliance Officer of BABHA is responsible for determining whether or not a violation has occurred, and the scope and nature of the violation. Any sanctions to be applied will be determined in conjunction with other BABHA departments, such as Human Resources and/or Recipient Rights, in accordance with relevant BABHA procedures. The severity of the sanctions will depend on the nature of the violation(s).

Attachments

N/A

Related Forms

Security/Confidentiality and “Need to Know” Agreement

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Related Materials

BABHA Policy and Procedure, C13-S01-T10 – Reasonable Safeguards for Protected Health Information

References/Legal Authority

Administrative Safeguards - HIPAA Section 164.308(a)(1)

SUBMISSION FORM				
AUTHOR/ REVIEWER	APPROVING BODY/COMMITTEE/ SUPERVISOR	APPROVAL /REVIEW DATE	ACTION (Deletion, New, No Changes, Replacement or Revision)	REASON FOR ACTION - If replacement list policy to be replaced
M. Wolber	J. Pinter, CCO	01/21/14	Revision	Revised to reflect HIPAA compliance and updated to current practices.
B. Kish	J. Pinter, CCO	2/10/17	No Changes	Triennial Review
B. Kish	J. Pinter, CCO	2/12/20	Revision	Triennial Review-minor grammatical change
J. Bellinger	Karen Amon, CCO	03/10/2023	No Changes	Triennial Review