

POLICY INFORMATION

Policy Title: Mitigation of Inappropriate Use or Disclosure of Protected Healthcare Information (PHI) Policy and Procedure

Departmental Owner: Chief Compliance, Audit, and Privacy Officer

Version Effective Date: 2/28/24

Last Reviewed: 2/28/24

SCOPE

This policy applies to the following individuals and/or groups:

All of the below categories

All Employees CT Employees NY Employees Remote Employees Contractors Volunteers Students/Interns Vendors

This policy applies to all above listed Nuvance Health workforce members including but not limited to the following locations:

All of the below entities

Nuvance Health Systems

Danbury Hospital (including New Milford Hospital Campus)

Northern Dutchess Hospital

Norwalk Hospital

Putnam Hospital

Sharon Hospital

Vassar Brothers Medical Center

Health Quest Systems, Inc. "(HQSI)"

Health Quest Home Care, Inc

Hudson Valley Cardiovascular Practice, P.C. (aka The Heart Center) ("HVCP")

Other HQSI-affiliated Entities Not Listed

Western Connecticut Home Care, Inc ("WCHN")

Western Connecticut Health Network Physician Hospital Organization ACO, Inc.

Western Connecticut Home Care, Inc

Other WCHN-affiliated Entities Not Listed

Nuvance Health Medical Practices (NHMP PC, NHMP CT, ENYMS & HVCP)

POLICY STATEMENT/PURPOSE

To ensure patient confidentiality is protected and secure. To ensure a mechanism for all incidences involving inappropriate or unauthorized Use or Disclosure of protected health information ("PHI") is reported to the Privacy Officer.

DEFINITIONS

See: HIPAA Glossary

Covered Individual: This term refers to all Nuvance Health workforce members, business affiliates, and agents. Workforce members shall include any of the following individuals at Nuvance Health: Members of the Nuvance Health Board and the boards of any Nuvance Health related entity; President/Chief Executive Officer; administrators; managers, officers; employees, affiliates; medical staff members; appointees; volunteers; personnel; interns; students, trainees, and any individual whose conduct is under direct control of Nuvance Health whether or not they are paid by Nuvance Health. Business Affiliates shall include any non-workforce member, contractor, independent contractor, vendor, person, subcontractor or third-party, who or that, in acting on behalf of Nuvance Health: (i) delivers, furnishes, prescribes, directs, orders, authorizes, or otherwise provides Federal healthcare program items and services; (ii) performs billing or coding functions; (iii) contributes to Nuvance Health's entitlement to payment under Federal healthcare programs; and (iv) is affected by one or more of Nuvance Health's risk areas through the Business Affiliate's interaction with, or performance of their role, functions, and responsibilities or provision of contracted services at Nuvance Health. Agents include individuals or entities that have entered into an agency relationship with Nuvance

Original Effective Date: LHQ= 4/15/13

Revision Dates: 2/28/24

Supersedes: HQ 5.2.09 Mitigation of Inappropriate Use or Disclosure of Protected Health Information (PHI) Policy;
HQ 5.2.09 Mitigation of Inappropriate Use or Disclosure of Protected Health Information (PHI) Procedure

Health. Agents fall under the category of either Workforce Member or Business Affiliate depending on their role, functions, and responsibilities.

POLICY

It is the policy of Nuvance Health and its affiliates (“Nuvance”), in compliance with 45 C.F.R. §164.530(f) to mitigate to the extent practicable, any harmful effects from the inappropriate Use, Access or Disclosure of PHI by Nuvance or any business associates.

PROCEDURE

Nuvance has a process by which it promptly addresses any uses or disclosures of PHI that may not have been authorized.

1. Upon notice that PHI has been inappropriately Used or Disclosed by a Covered Individual, including Business Associates, the incident/complaint shall be immediately referred to the Privacy Officer for investigation.
2. The Privacy Officer, or designee, will follow established procedures to record and investigate the incident/complaint (refer to “Direction and Investigation of Privacy Complaints”).
3. The Privacy Officer or designee shall perform a breach risk assessment to determine if a substantiated breach presents a compromise to the security and/or privacy of PHI and poses a risk to the financial, reputational or other harm to the individual, to the extent it would require notification to the affected individual.
4. If PHI has been misused by a Covered Individual, the policy on Covered Individual sanctions shall be implemented and the Privacy Officer shall determine and implement any steps necessary to mitigate the harmful effects. The mitigation plan may be tailored to the specific circumstances of each case, but shall include the following elements:
 - a. Identify the source(s) of the unauthorized Use or Disclosure and take corrective actions;
 - b. Follow the “Compliance Misconduct and Sanction Policy”;
 - c. Contact the recipient of PHI and request such recipient either destroy or return the information;
 - d. Depending on the circumstances, notify the patient/s whose PHI was Used or Disclosed; and
 - e. If applicable, notify the appropriate State and/or Federal agency.
5. If the information has been misused by a Business Associate, Nuvance shall:
 - a. Investigate the inappropriate Use or Disclosure of the information.
 - b. Determine the severity of the inappropriate Use or Disclosure.
 - c. Determine if the misuse was repeated.
 - d. Counsel the Business Associate on the inappropriate Use and Disclosure of PHI.
 - e. Monitor the Business Associate’s performance to ensure that the wrongful behavior has been remedied.
 - f. Determine and direct that steps to be taken to mitigate harmful effects of the incident.
6. Nuvance shall reserve the right to terminate its Business Associate Agreement with contractors and vendors in the event the inappropriate Use or Disclosure of PHI continues.
7. Any confirmed inappropriate access or disclosure of PHI must be included in the patient’s accounting of disclosure request.
8. For mitigation these added steps will be taken by the Privacy Officer or designee:
 - a. Review the circumstances of the alleged unauthorized Use or Disclosure
 - b. Advise management as necessary
 - c. Determine the extent to which Nuvance can mitigate the effects or potential harm
 - d. Make recommendations to management, review and revise policies as needed, and recommend corrective actions.
 - e. Coordinate with the Legal Department to determine if additional steps are needed for regulatory reporting.

ENFORCEMENT

All individuals whose responsibilities are affected by this policy are expected to be familiar with the basic procedures and responsibilities created by this policy. Failure to comply with this policy and related procedure may result in remedial and/or disciplinary action, up to and including termination of any employment or other relationship.

REFERENCES

45 CFR §164.530(f)
Compliance Misconduct and Sanction Policy

APPROVAL

DocuSigned by:

Jared B Gaynor

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Signature

2/28/2024

Date