

# CAROLINA FAMILY HEALTH CENTERS, INC. POLICY

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**TITLE:** HIPAA-104 Sanctioning Employees

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**EFFECTIVE DATE:** September 2014

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**SECTION:** HIPAA

**REFERENCE PROCEDURE:** NA

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**RESPONSIBLE CHIEF OF STAFF:** Chief Compliance Officer

**RESPONSIBLE COMMITTEE:** Central-Compliance Committee

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**REVIEWED:** 3/17, 4/13/2020, 01/24/2023, 03/24/2026

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## I. PURPOSE

The purpose of this policy is to comply with the requirements of the Health Insurance Portability and Accountability Act of 1996 (HIPAA) and to apply appropriate sanctions against employees who fail to comply with the privacy and security policies and procedures of Carolina Family Health Centers, Inc. (CFHC, Inc.).

## II. POLICY

It is the policy of CFHC, Inc. to respond promptly and appropriately to violations of CFHC, Inc. HIPAA policies and procedures, the requirements of the HIPAA Rules, or other applicable federal laws. Such a response includes sanctioning employees who fail to comply with the above-named regulations.

**A. Determining Appropriate Sanctions.** CFHC, Inc.'s human resources department ensures appropriate and consistent sanctions are imposed on any employees who fail to comply with CFHC, Inc.'s HIPAA policies and procedures, the requirements of the HIPAA Rules, or other applicable privacy laws. Sanctions are applied in accordance with policy on disciplinary action and may include, but are not limited to, corrective actions up to and including termination. The severity of the sanctions is determined based on:

- The severity of the violation
- Whether the violation was intentional or unintentional
- The existence of a pattern or practice of improper use or disclosure of protected health information ("PHI")

CFHC, Inc.'s Privacy Officer may recommend sanctioning of employees as part of CFHC, Inc.'s corrective action plan; however, the decision to sanction an employee is made through CFHC's corrective action policy and procedure. Refer to *HR-902 Corrective Action*.

Additionally, an employee may be reported to his/her licensing board if the nature and severity of the violations is deemed reportable by the licensing board.

**B. Enforcement and Documentation.** The human resources department enforces sanctions and maintains documentation of actions taken against employees

- 1. Whistleblowers.** No sanctions are imposed on any employee who discloses PHI in the course of reporting noncompliance by CFHC, Inc. to an appropriate health oversight agency, public health authority, or other appropriate entity, provided that the report is made in good faith and concerns CFHC, Inc. conduct believed to be unlawful, in violation of professional or clinical standards or that potentially endangers a patient, employees or the public.

No sanctions are imposed on any employee who avails themselves of the right to file a complaint about CFHC, Inc. HIPAA practices, whether through internal complaint procedures or with the Secretary of the Department of Health and Human Services (DHHS) as authorized under the HIPAA Privacy Rule. CFHC, Inc. does not impose sanctions or retaliate against any employee who reports, testifies, assists or participates in an investigation or compliance review conducted by CFHC, Inc. or DHHS, provided the employee undertakes such actions based upon a good faith belief that CFHC, Inc.'s actions are unlawful. Refer to *RM-501 Whistleblower Complaints*.

- 2. Crime Victims.** No sanctions are imposed on any employee who is the victim of a crime believed to have been committed by a CFHC, Inc. patient provided that only the following patient information is disclosed:

- Name and address.
- Date and place of birth.
- Social Security number.
- ABO blood type and Rh factor.
- Type of injury.
- Date and time of treatment.
- Date and time of death, if applicable.
- A description of distinguishing physical characteristics, including height, weight, gender, race, hair and eye color, presence or absence of facial hair, scars, and tattoos.

**Document Sanctions.** CFHC, Inc. retains a copy of documentation related to sanctioning employees for six (6) years or such other period as may be required by CFHC, Inc. document retention policy. Refer to *HIPAA-105 Record Retention and Destruction*.