Background

UW Medicine Compliance investigates allegations of noncompliance with privacy and information security policies and determines findings. These findings are reviewed with the appropriate administrator (e.g., the workforce member’s manager, chair, unit head or program director).

Definitions

- **Workforce**: Faculty, employees, volunteers, trainees, students, and other persons whose conduct, in the performance of work for UW Medicine or business associate, is under the direct control of UW Medicine or business associate, whether or not they are paid by UW Medicine or business associate.

Policy

When the findings result in noncompliance, the workforce member’s manager\(^1\) shall determine the corrective actions in consultation with the appropriate Academic Personnel or Human Resources office. In determining corrective actions, the manager should take into consideration the severity of the violation, whether the violation was intentional or unintentional, whether the violation indicated a pattern or practice of improper use or disclosure of PHI, and the workforce member’s corrective action record.

Corrective action includes, but is not limited to: training; re-signing the Privacy, Confidentiality, and Information Security Agreement; coaching; retraining; informal counseling; formal counseling; final counseling; suspension; demotion or termination/dismissal. Corrective action must comply with the provisions of applicable

\(^1\) For purposes of this policy, the appropriate manager may be a Dean, Vice Dean, Department Chair, Medical Director, Director, Administrator, Manager or Supervisor.
federal and state laws and regulations, UW policies, UW Medicine policies, UW Faculty Code, entity Medical Staff By-Laws, collective bargaining agreements and any other applicable documents or agreements related to the workforce members’ status as a faculty member, practice plan member, employee, resident, student or volunteer. The manager responsible for evaluating, developing and implementing corrective action will consult with the appropriate Academic Personnel or Human Resources offices.

The manager will develop appropriate documentation, retain the documentation according to UW records retention schedules, and provide written notification to UW Medicine Compliance of the corrective action.

The Secretary of the Department of Health and Human Services, state licensure agencies, or the Washington State Attorney General may investigate complaints and may seek criminal prosecution or impose civil monetary penalties to UW Medicine and/or individual workforce members.

References

- 45 CFR Parts 164; Section 164.308(a)(1) (ii) (C) “Sanction Policy”
- 45 CFR Parts 160 and 164; Section 164. 530(e) “Administrative Requirements – Sanctions”

Approvals

____________________ ______________________
UW Privacy Official Date
Johnese M. Spisso, Chief Health System Officer, UW Medicine & Vice President for Medical Affairs, UW

Additional Contacts

UW Medicine Compliance
206-543-3098
comply@uw.edu