

Communication Sciences and Disorders, Speech-Language-Hearing Clinic

Policies and Procedures

*SUBJECT:* **Sanctions Policy   
*Responding to Breaches of Protected Health Information (PHI), Policy #1***

The purpose of this addendum is to provide guidance when a suspected unauthorized or impermissible acquisition, access, use, or disclosure of unsecured protected health information occurs in relation to the Clinic’s access to data, reports, etc.

The ***Responding to Breaches of Protected Health Information (PHI*** ) policy sets forth the Northern Arizona University Breach Notification requirements in accordance with the Health Information Technology for Economic and Clinical Health (HITECH) Act and its related regulation, “Breach Notification for Unsecured Protected Health Information.”

**What *is* and *isn’t* a Breach:  
Breach:** A “breach” means the acquisition, access, use, or disclosure of protected health information in a manner not permitted under HIPAA which compromises the security or privacy of the protected health information.

1. **“Access” and “Acquisition”** to information is based on their plain meanings.
2. **“Unauthorized”** is an impermissible use or disclosure of protected health information under the HIPAA Privacy Rule.

A *potential* breach, would be the sharing of information with a non-covered entity/individual under the hybrid structure.

**Breach does not include**:

a. Any unintentional acquisition, access, or use of protected health information by an employee or individual acting with authorization if:

(i) such acquisition, access, or use was made in good faith and within the course and scope of the employment or other professional relationship of such employee or individual, respectively, with NAU or Business Associate; and  
(ii) such information is not further acquired, accessed, used, or disclosed by any person; or

b. any inadvertent disclosure by an individual who is otherwise authorized to access protected health information at a facility operated by NAU or Business Associate to another similarly situated individual at the same facility; and  
c. any information received as a result of such disclosure and is not further acquired, accessed, used, or disclosed without authorization by any person.

**Breach Reporting & Notification**:   
Any Clinic employee who becomes aware of a suspected or actual breach must immediately notify the Insurance Billing and Collections person, who must then notify the Clinical Director, who must notify the HIPAA Privacy Officer.

**Sanctions Policy:**   
The Speech-Language-Hearing Clinic will contact Human Resources and the HIPAA Privacy Office for guidance on disciplinary action for any employee who through negligence or intention is non-compliant with any aspect of the Clinic and NAU HIPAA Policy & Procedure. Disciplinary action may include an official letter of reprimand up to termination of employment.