



# Harris County Hospital District

## POLICY AND REGULATIONS MANUAL HIPAA ADMINISTRATIVE POLICY

Mitigation for Patient  
Privacy Violations Under  
HIPAA

Policy No: 3.11.103  
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Effective Date: 041403  
Board Motion No:

**TITLE:           MITIGATION FOR PATIENT PRIVACY  
VIOLATIONS UNDER HIPAA**

**PURPOSE:**

To define the process of Harris County Hospital District's (HCHD) Mitigation Plan for addressing and responding to violations of Federal and state Privacy laws and the District's Privacy policies and procedures.

This policy supports Harris County Hospital District's HIPAA policy and may require development of department specific procedures.

[Key Words: HIPAA, Privacy, Security, Mitigation, Protected Health Information (PHI), Violation]

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**POLICY STATEMENT:**

Pursuant to Federal and state Privacy laws and within reasonable efforts, Harris County Hospital District will mitigate harmful effects known to it, resulting from the Use and/or Disclosure of Protected Health Information in violation of its privacy policies and procedures by itself or its Business Associates.

**POLICY ELABORATION:**

**I.       DEFINITIONS**

- A.     Authorization - a signed written document that allows use and disclosure of PHI for purposes other than Treatment, Payment, or Healthcare Operations.
  
- B.     Business Associate – is a person or entity that provides certain functions, activities or services for or to a covered entity involving the Use and/or Disclosure of Protected Health Information (PHI.)



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- C. Disclosure – the release of information outside the facility.
- D. Individually Identifiable Health Information (IIHI) – information, including demographic information, that:
  - 1. Is created or received by a healthcare provider, health plan, or healthcare clearinghouse;
  - 2. Relates to the past, present, or future physical or mental condition of a patient, the provision of healthcare to a patient, or the past, present, or future payment for the provision of healthcare to a patient; and
  - 3. Identifies the patient; and
  - 4. There is a reasonable basis to believe the information can be used to identify the patient.
- E. Mitigation – the effort to make the impact of a Privacy violation less severe or harmful.
- F. Privacy Officer – is a person designated by the Covered Entity to be responsible for the development and implementation of the privacy policies and procedures of the Covered Entity.
- G. Protected Health Information (PHI) - is Individually Identifiable patient Health Information in any form, including demographic information, that is created or received by a healthcare provider, and relates to the



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patient's healthcare condition, provision of healthcare, or payment for the provision of healthcare.

- H. Use – with respect to Individually Identifiable Health Information, the sharing, employment, application, utilization, examination, or analysis of such information within an entity that maintains such information.

## **II. REPORTING PRIVACY VIOLATIONS**

- A. HCHD staff will report to the Privacy Officer, or designee, all instances known to the staff of the Use and/or Disclosure of PHI in violation of HCHD's Privacy policies and procedures.
- B. A patient, visitor or other individual may report to the Privacy Officer, or designee, all alleged or known instances of the Use and/or Disclosure of PHI in violation of HCHD's Privacy policies and procedures.
- C. The U.S. Department of Health and Human Services (DHHD) may forward or file a complaint in response to an allegation submitted regarding the Use and/or Disclosure of PHI in violation of HCHD's Privacy policies and procedures.

## **III. RESPONSE AND MITIGATION**

Upon receipt of a report of a violation of HCHD's Privacy policies or procedures by HCHD or a Business Associate, the Privacy Officer, along with HCHD staff, as appropriate, will:

- A. Address violations as such violations become evident,



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- B. Correct harmful situations to patients caused by intentional or accidental Disclosure of PHI,
- C. Prevent further repetition of violations,
- D. Consult with Executive Administration as necessary to determine appropriate action, and
- E. Document the corrective actions taken.

#### **IV. RESPONSIBILITY**

- A. The Privacy Officer will promptly recommend:
  - 1. Practical actions to stop further harm to the patient and to prevent further violations.
  - 2. Sanctions against staff member(s) that have violated HCHD's Privacy policies and procedures as described in the HCHD Privacy Sanction Policy.
  - 3. Terminating Business Associate agreements with Business Associates that have harmed patients by their Use or Disclosure of PHI or taking steps to prevent future PHI disclosures by Business Associates.

#### **REFERENCES/BIBLIOGRAPHY:**

- Policy 3.11.000, HCHD HIPAA Policy
- Policy 3.11.101, Privacy Officer, roles and Responsibilities
- Policy 3.11.401, Business Associate Policy



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### OFFICE OF PRIMARY RESPONSIBILITY:

Office of Privacy Administration.

### REVISION HISTORY:

Record revisions below:

Effective Date	Version	Approved by: