



Privacy Administration

Policy # 1.2

Prohibition of Intimidating or Retaliatory Acts

Original Effective
Date: 6/21/2016

Revised Date:
3/28/2022

Purpose: To define actions that are prohibited when an Individual exercises his or her rights created by the federal HIPAA Laws and PHI Regulations.

Policy: Workforce members shall not intimidate, threaten, coerce, discriminate, or take other retaliatory actions against an individual or any other person for exercising any rights or for participating in processes established under the HIPAA Laws as well as PHI Regulations or for opposing acts or practices made unlawful by HIPAA **and/or** PHI if the Individual or person has a **good faith** belief the practice opposed is unlawful. Substantiated reports of intimidating, discriminatory, or retaliatory behavior will result in the imposition of Corrective/Disciplinary Actions.

Process:

1. Workforce members who suspect that intimidating, threatening, discriminatory, coercing, or retaliatory acts have been or are being taken toward an individual or other persons who have, **in good faith**, exercised their rights under HIPAA, PHI, or have participated in processes established by HIPAA, PHI must report this to the HIPAA Compliance and Privacy Office or Privacy Liaison **immediately**. If the HIPAA Compliance and Privacy Office or Privacy Liaison is implicated in retaliation, the workforce member should report to their Department Head or other Elected or Appointed Official.
2. The HIPAA Compliance and Privacy Officer informs the Department Head or Governance Committee member, **and/or** Legal Counsel, **as applicable**, if he or she becomes aware that an Individual has filed a complaint with the United States Department of Health and Human Services, or the State Attorney General. Has testified, assisted, or participated in any investigation or opposed any act or practice the Individual believes to be unlawful.

Reports Made Pertaining to Commissioners Court Departments

1. The HIPAA Compliance and Privacy Officer first contacts the head of the involved department, executive manager, HRMD, or the Governance Committee member.
2. The HIPAA Compliance and Privacy Office consults with HRMD and reviews applicable County policies. If it is determined that HRMD is the more appropriate body to review the complaint, then the HIPAA Compliance and Privacy Office will provide assistance.
3. The HIPAA Compliance and Privacy Officer works with the HRMD, **as appropriate**, to conduct a full investigation into the allegations. Any impermissible disclosures of PHI are considered in the investigation.

4. If the allegation in the complaint is substantiated, the HIPAA Compliance and Privacy Officer will work with the HRMD, **as appropriate**, regarding Corrective/Disciplinary Actions.

Reports Made Pertaining to Non- Commissioners Court Departments

1. The HIPAA Compliance and Privacy Officer contacts the Department head, elected/appointed official or Governance Committee member, **as appropriate**, for non-Commissioner Court departments to report the alleged act of retaliation.
2. The Department head, elected/appointed official or Governance Committee member initiates an investigation into the report in accordance with department protocol. If it is discovered that intimidating, discriminatory, coercive, or retaliatory behavior did occur, **the department is responsible** for taking appropriate action against the responsible Travis County employee(s) in accordance with department [Corrective/Disciplinary Policies](#). The HIPAA Compliance and Privacy Officer is available to consult with the Department regarding corrective actions.