



## Privacy Administration

### Policy # 1.7

### Corrective/Disciplinary

### Actions

Original Effective  
Date: 6/21/2016

Revised Date:  
3/28/2022

**Policy:** Travis County will appropriately discipline employees and workforce members in a manner appropriate for any violation of these Policies. Corrective/Disciplinary Action may include counseling, re-training, verbal or written warnings, reassignment to a job that does not have access to PHI, suspension of access to PHI, suspension of employment, and immediate termination of employment. These will be implemented in compliance with the policies appropriate for the involved department or office. Workforce members who knowingly and willfully violate State or Federal law for improper use or disclosure of a patient's information may be subject to criminal investigation and prosecution or civil monetary penalties. **Corrective/Disciplinary Action also applies to workforce members who fail to complete training.**

**Purpose:** To ensure that appropriate Corrective/Disciplinary Action is applied to workforce members who do not comply with the Policies for safeguarding PHI.

#### **Commissioners Court Departments**

1. Travis County, through its HIPAA Compliance and Privacy Officer or Human Resources Management Division (HRMD) fully investigates the circumstances around an alleged privacy or security violations after making a notification to the attention of the workforce member's Department head.
2. The HIPAA Compliance and Privacy Officer will review applicable policies and determine if Human Resources Management Department (HRMD) is the appropriate body to handle an alleged Policy Violation. If the Human Resources Management Department (HRMD) is found to be the more appropriate body to handle an **alleged policy violation**, then the HIPAA Compliance and Privacy Officer will provide assistance.
3. If it is determined by investigating parties, in consultation with the HIPAA Compliance and Privacy Officer, Security Officer, or Legal Counsel, that a violation or breach has occurred, the HIPAA Compliance and Privacy Officer and HR Employee Relations evaluate the investigative information to determine severity of the violation and to recommend the appropriate Corrective/Disciplinary Actions.
  - The potential impact to Travis County of any violation or breach is considered in determining appropriate Corrective/Disciplinary Action against workforce members. Other factors considered are the Violation Type and The Cause or Motivation that caused the violation, as seen below:

**\*\*Anything reported is considered an INCIDENT until fully investigated by CAP to be otherwise:**

TYPE OF INCIDENT	ROOT CAUSE	POSSIBLE LEVEL OF IMPACT
<p><b>COMMON ERRORS:</b> (Errors in handling restricted or sensitive information or in maintaining security measure)</p>	<ul style="list-style-type: none"> <li>• Unintentional</li> <li>• Human Error</li> <li>• Lack of Training</li> <li>• Inexperience</li> <li>• Poor Judgement (1<sup>ST</sup> Violation)</li> <li>• Poor Process (1<sup>ST</sup> Violation)</li> </ul>	<p><b><u>LOW:</u></b></p> <ul style="list-style-type: none"> <li>• # OF RECORDS: <ul style="list-style-type: none"> <li>➤ Between 1-50</li> </ul> </li> </ul>
<p><b>POLICY VIOLATION</b></p>	<ul style="list-style-type: none"> <li>• Poor Judgement (2<sup>nd</sup> Violation)</li> <li>• Poor Process (2<sup>nd</sup> Violation)</li> <li>• Failure to Complete Training</li> <li>• Intentional, but not Malicious</li> <li>• Concern for Individual</li> </ul> <p><b><u>**2<sup>nd</sup> Violation: Same employee performs the same error more than once after being addressed originally**</u></b></p>	<p><b><u>LOW:</u></b></p> <ul style="list-style-type: none"> <li>• # OF RECORDS: <ul style="list-style-type: none"> <li>➤ Between 1-50</li> </ul> </li> </ul> <p><b><u>MEDIUM:</u></b></p> <ul style="list-style-type: none"> <li>• # OF RECORDS: <ul style="list-style-type: none"> <li>➤ Between 51-200</li> </ul> </li> </ul>
<p><b>POSSIBLE BREACH</b></p>	<ul style="list-style-type: none"> <li>• Malicious Intent</li> <li>• Curiosity (Snooping)</li> <li>• Financial Gain</li> <li>• Revenge</li> <li>• Protest</li> <li>• Gross Negligence</li> <li>• Human Error</li> <li>• Weak/Stolen Credentials</li> <li>• Application/OS Vulnerabilities</li> <li>• Social Engineering</li> <li>• Hacking</li> <li>• Insider Threats</li> <li>• 3<sup>rd</sup> Party Attacks</li> <li>• Data Disclosure</li> <li>• Physical Theft/Loss of Device</li> <li>• Vendor/Business Associate Compromises</li> </ul>	<p><b><u>LOW:</u></b></p> <ul style="list-style-type: none"> <li>• # OF RECORDS <ul style="list-style-type: none"> <li>➤ Between 1-50</li> </ul> </li> </ul> <p><b><u>MEDIUM:</u></b></p> <ul style="list-style-type: none"> <li>• # OF RECORDS <ul style="list-style-type: none"> <li>➤ Between 51-200</li> </ul> </li> </ul> <p><b><u>HIGH:</u></b></p> <ul style="list-style-type: none"> <li>• # OF RECORDS: <ul style="list-style-type: none"> <li>➤ Between 201-500</li> </ul> </li> </ul> <p><b><u>EXTREME:</u></b></p> <ul style="list-style-type: none"> <li>• # OF RECORDS: <ul style="list-style-type: none"> <li>➤ 501+</li> </ul> </li> </ul>

4. An **intentional** violation of these privacy policies must be established by clear evidence (i.e., evidence that the disclosure was intentional and deliberate and that such workforce member knew that the action violated HIPAA, or the policies and procedures as set forth in this manual).

5. The Corrective/Disciplinary Actions for an **unintentional** failure to comply with these policies or procedures varies, **depending on the relevant facts and circumstances**. At a **minimum**, the workforce member is **required** to meet with the HIPAA Compliance and Privacy Officer to review the violation and demonstrate, to the satisfaction of the HIPAA

Compliance and Privacy Officer, that he or she understands the relevant policies and procedures.

6. All workforce members Corrective/Disciplinary Actions will be documented and retained for a period of at least **6** years from the date of its creation or the date when it was last in effect, **whichever is later**. An unproven or unsubstantiated allegation of a violation does not require documentation unless it is pursuant to another requirement under these policies such as a complaint.

#### **Non-Commissioners Court Departments/Offices:**

1. Travis County Covered Components appropriately and consistently discipline workforce members who are found to violate these HIPAA and/or PHI Policies or the Security Policies in accordance with this Corrective/Disciplinary Action policy.

2. Covered Components investigate the circumstances of the policy violation and determine whether-or-not improper uses or disclosures requiring further mitigation of harm have occurred (see the policy entitled, [Mitigation from Harm Resulting from PHI Breaches](#)). The HIPAA Compliance and Privacy Officer is available to assist, **as requested**.

3. Departments/Offices record all Corrective/Disciplinary Actions taken in the workforce member's employment records. The HIPAA Compliance and Privacy Officer is made aware of the Corrective/Disciplinary Action in general terms for purposes of documenting corrective action.

#### **Corrective/Disciplinary Action against Workforce Members not directly employed by Travis County:**

##### **1. Commissioners Court Departments:**

If a workforce member who is not directly employed by Travis County violates the County's HIPAA or Security policies and procedures, then the HIPAA Compliance and Privacy Officer, **in consultation with appropriate parties** such as the Purchasing Agent and/or County Attorney, considers the impact to the organization as well as the causes and motivations related to the violations. The HIPAA Compliance and Privacy Officer, **after consultation**, will then **recommend** to Department Heads over Covered Components appropriate Corrective/Disciplinary Actions which may include retraining, modification and/or termination of contracts or modification and/or termination of volunteer agreements. Covered Components inform the HIPAA Compliance and Privacy Officer of Corrective/Disciplinary Actions taken against workforce members not directly employed by Travis County. The HIPAA Compliance and Privacy Officer documents these actions.

##### **2. Non-Commissioners Court Departments:**

If a workforce member not directly employed by Travis County violates the County's HIPAA, PHI or Security policies and procedures, then the Elected or Appointed Official or their designee, in consultation with appropriate parties such as the Purchasing Agent or County Attorney, considers the impact to the organization, causes and motivations related to the violations. The HIPAA Compliance and Privacy Officer, **after consultation**, will then **recommend** Corrective/Disciplinary Actions which may include retraining, modification and/or termination of contracts, or modification and/or termination of volunteer agreements. The HIPAA Compliance and Privacy Officer is available for technical assistance. Covered Components inform the HIPAA Compliance and Privacy Officer of Corrective/Disciplinary Actions taken against workforce members not directly employed by Travis County. The HIPAA Compliance and Privacy Officer documents these actions.