PURPOSE

The purpose of this policy is to describe the sanctions to be taken against Workforce members who fail to comply with UCLA Health Sciences privacy and information security policies and procedures.

SCOPE

This Policy applies to all faculty, staff, employees, students, trainees, and volunteers of the Ronald Reagan UCLA Medical Center, the Santa Monica UCLA Medical Center and Orthopedic Hospital, the Resnick Neuropsychiatric Hospital at UCLA, the Faculty Practice Group, all ambulatory clinics, the David Geffen School of Medicine, UCLA School of Nursing, UCLA School of Dentistry, and UCLA Fielding School of Public Health (hereafter referred to as "UCLA Health Sciences").

In addition, it applies to suppliers, contractors and other non-workforce members who are allowed access to UCLA Health Sciences Electronic Information Resources or Restricted Information.

DEFINITIONS

"Business Associate" means a person, contractor, supplier, institution or other entity that on behalf of the UCLA Health Sciences, but other than in the capacity of a Workforce member, performs or assists in the performance of a function or activity involving the use or disclosure of individually identifiable health information, including claims processing or administration, data analysis, consulting as further defined in HS Policy No. 9430, "Business Associates."

"Workforce" means employees, volunteers, and other persons whose conduct, in the performance of their work for UCLA Health Sciences, is under the direct control of UCLA Health Sciences or the Regents of the University of California, whether or not UCLA Health Sciences pays them. The Workforce includes employees, faculty, medical staff, and other health care professionals, agency, temporary and registry personnel, and trainees, house staff, students and interns, regardless of whether they are UCLA trainees or rotating through UCLA Health Sciences facilities from another institution.

POLICY

UCLA Health Sciences shall apply appropriate sanctions against Workforce members who fail to comply with UCLA Health Sciences Privacy and Information Security policies and procedures.
In order to reduce the likelihood of future errors, and in the event of intentional misconduct, repeated violations, or after corrective actions have failed to address the problem, the University may initiate disciplinary actions.

The Office of Compliance Services - Privacy and Information Security in conjunction with Human Resources will investigate all cases of alleged non-compliance with UCLA Health Sciences Privacy and Information Security policies. Cases for which sanctions may be appropriate will be brought forward to the Privacy and Information Security Disciplinary Action Committee for recommendations on disciplinary actions. Relevant laws, regulations and UCLA Health Sciences policies and procedures will be considered.

For individuals subject to its authority, the University shall impose disciplinary action in accordance with the rules set forth in the Faculty Code of Conduct, the Medical Staff Bylaws, Rules and Regulations, as well as any other existing and applicable personnel policies, collective bargaining agreements, University policies or guidance documents. Employees should review these and other personnel policies for a comprehensive description of disciplinary policies and procedures, including their rights under such circumstances.

Sanctions may include, but are not limited to:

- Counseling
- Suspension
- Fines
- Termination

For Business Associates and other third parties, the Office of Compliance Services - Privacy and Information Security will work with the appropriate UCLA department to implement any compliance corrective action or sanctions recommendations. These actions may include, but are not limited to, the removal of an individual third party employee or contractor from the UCLA contract or the termination of the UCLA third party agreement.

Any sanctions that are applied will be documented by the appropriate governing body for the workforce member or by the Office of Compliance Services - Privacy for contractors and Business Associates.

QUESTIONS

Workforce members should consult the Office of Compliance Services – Privacy and Information Security (CompOffice@mednet.ucla.edu) if they have any questions on this policy.

REFERENCES

Health Insurance Portability and Accountability Act, 45 CFR 160-164

University of California HIPAA Administrative Requirements

University of California Business and Finance Bulletin IS-3, Electronic Information Security

University of California Electronic Communications Policy (ECP)

CONTACT

Chief Privacy Officer, Office of Compliance Services
Chief Compliance Security Officer, Office of Compliance Services

**REVISION HISTORY (PRE-POLICYSTAT)**

| Approved: | February 22, 2006 |
| Effective Date: | April 20, 2005 |
| Review Date: | July 25, 2012, November 16, 2016 |

**APPROVAL**

Health Sciences Enterprise Compliance Oversight Board

Approved 12/11/2010, 06/27/2012

Johnese Spisso, RN, MPA

President and CEO

UCLA Health System

Christopher Tarnay, M.D.

Chief of Staff

Ronald Reagan UCLA Medical Center

Roger M. Lee, M.D.

Chief of Staff

Santa Monica-UCLA Medical Center and Orthopaedic Hospital

Robert Suddath, M.D.

Chief of Staff

Resnick Neuropsychiatric Hospital at UCLA


**Attachments**

No Attachments
### Approval Signatures

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<th>Step Description</th>
<th>Approver</th>
<th>Date</th>
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<td>Administration Approval- President and CEO, UCLA Health</td>
<td>Johnese Spisso: Ceo Med Ctr [FD]</td>
<td>05/2021</td>
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<tr>
<td>Ronald Reagan Medical Staff Executive Committee- Chief of Staff</td>
<td>Carlos Lerner: Prof Of Clin-Hcomp [FD]</td>
<td>05/2021</td>
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<td>Santa Monica Medical Staff Executive Committee- Chief of Staff</td>
<td>Roger Lee: Hs Clin Prof-Hcomp [FD]</td>
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