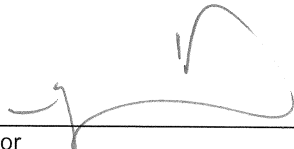


MCCMH MCO Policy 10-435

(was Administrative Policy 9-10-060)

Chapter: **DIRECTLY-OPERATED PROGRAM MANAGEMENT**
Title: **SECURITY INVESTIGATION / DISCIPLINARY ACTION**

Prior Approval Date: 12/06/07
Current Approval Date: 09/9/10

Approved by: _____
Executive Director  Date 09/09/10

I. Abstract

This policy establishes the standards and procedures of the Macomb County Community Mental Health Board (MCCMH) for managing violations of the Security Rules of the Health Insurance Portability and Accountability Act of 1996 (HIPAA) by establishing the process for the investigation, remediation and discipline related to all suspected and reported security incidents.

II. Application

This policy shall apply to the MCCMH administrative offices and to all directly-operated network providers of the MCCMH Board.

III. Policy

It is the policy of the MCCMH Board that MCCMH shall ensure:

- A. That all suspected and reported security incidents will be expeditiously investigated and remediated to the extent possible.
- B. That appropriate disciplinary action will be taken in the event that the Security Officer substantiates a violation.

IV. Definitions

- A. None.

V. Standards

- A. The MCCMH Security Officer shall receive reports of suspected security violations and shall determine whether investigation is needed.
- B. The Security Officer shall conduct an investigation to determine whether a security violation has occurred and identify the responsible party(ies).
- C. Documents/evidence to be reviewed during an investigation of suspected security violations shall be protected from removal or destruction.
- D. The Security Officer shall abide by Federal law/requirements regarding reporting of violations of law pertaining to security.
- E. Records of investigations, results, recommended disciplinary actions against employees, individual contractors, and/or provider organizations shall be maintained.

VI. Procedures

- A. When a credible report of a suspected security violation is received, the Security Officer will first protect any relevant information that is needed to perform a thorough investigation. All document disposal practices will be stopped immediately whenever possible. If a reasonable suspicion exists that staff members may destroy or remove documents, they will be suspended or removed from sensitive areas whenever possible upon the direction of the MCCMH Deputy Director.
- B. After evidence of the violation is protected, the Security Officer will ensure that interviews are conducted with the appropriate persons necessary to learn the extent of the potential violation and the identities of responsible parties. Extensive document review will also be performed. At the conclusion of the investigation, the Security Officer will provide a report to the MCCMH Deputy Director with recommendations for action, which may include staff discipline. The Security Officer will determine appropriate corrective actions and recommend disciplinary actions, if necessary, to the MCCMH Deputy Director. MCCMH security measures will be altered or amended to reduce the likelihood of future violations.
- C. The MCCMH Deputy Director shall determine and execute final decisions regarding disciplinary actions within 30 days of the recommendations.
- D. If a violation of civil or criminal federal or state law is detected, MCCMH will report the violation to the appropriate government agency as soon as possible. MCCMH will provide a report of its internal investigation and cooperate with the government's investigation.

- E. All MCCMH staff members are responsible for cooperating fully with any security investigation.
- F. The Security Officer shall ensure that records are maintained regarding all investigative findings and disciplinary recommendations.
- G. The Security Officer, with the assistance of the Security Committee as necessary, shall ensure that the MCCMH's Security Program/Policies are appropriately amended or enhanced to reduce the likelihood of future violations.

VII. References / Legal Authority

- A. Health Insurance Portability and Accountability Act of 1996 (HIPAA), P.L. 104-191
- B. 45 CFR §308(a)(6)

VIII. Exhibits

- A. None.