

Operational Policy

Policy Title:	Enforcement, Sanctions, and Penalties for Violations of Individual Privacy		
Policy Number:	OHA-100-012		
Original Date:	7/22/2014	Last Update:	10/03/2016
Approved:	Mark Fairbanks, OHA CFO		

Purpose

This policy is one of a series that describes Oregon Health Authority (OHA) guidelines and expectations for the necessary collection, storage, protection, use, and disclosure of protected information about individuals in order to provide services and benefits to individuals, while maintaining reasonable safeguards to protect the privacy of information.

Description

This policy describes the responsibilities of OHA and the OHA workforce related to knowing, understanding, and complying with state and federal privacy statutes and rules and OHA policies and the sanctions and penalties that may be incurred for failure to comply.

Applicability

This policy applies to all OHA staff including employees, volunteers, interns and agency contractors.

As keepers of the public trust, all agency employees have a responsibility to comply with state and agency policies, administrative rule, and state and federal law. The agency takes this responsibility seriously and failure to fulfill this responsibility is not treated lightly. Employees who fail to comply with state or agency policy, administrative rule, or state and federal law may face progressive discipline, up to and including dismissal from state service.

Policy

1. All OHA staff, including employees, volunteers, interns and agency contractors shall guard against improper use or disclosure of individual information through education, awareness and training, and regular review of policy.
 - a. Any member of the workforce who is uncertain about whether a use or disclosure is allowed shall consult with a supervisor.
 - b. The OHA Privacy Officer is a resource for any OHA employee, volunteer or intern who cannot resolve a disclosure question and may be consulted directly.
2. All staff are required to be aware of their responsibilities under federal and state statute and rule, and OHA privacy policies.
3. Supervisors are responsible for assuring that staff who have access to protected information are informed of their responsibilities related to communication and storage of information regardless of format: hard copy, electronic or verbal.

-
4. All OHA staff shall take OHA privacy training within 30 days of being hired and take annual refresher training. Volunteers and interns are encouraged to take the available privacy training.
 5. OHA staff who violate OHA policies related to safeguarding individual information may face progressive discipline, up to and including dismissal from state service.
 6. OHA staff who knowingly and willfully violate federal or state statute or rule, or OHA policy for improper use or disclosure of an individual's information are potentially subject to criminal investigation and prosecution, civil litigation, or civil monetary penalties.
 7. If OHA fails to enforce privacy safeguards, OHA as a state agency may be subject to administrative and civil monetary penalties by the Oregon State Department of Justice or the U.S. Department of Health and Human Services, including federal funding penalties.
 8. Neither OHA as an entity or any OHA employee will intimidate, threaten, coerce, discriminate against, or take any other form of retaliatory action against any individual for:
 - a. Filing a complaint with OHA or with the U.S. Department of Health and Human Services as provided in OHA privacy policies.
 - b. Testifying, assisting, or participating in an investigation, compliance review proceeding, or hearing relating to OHA privacy policies.
 - c. Reporting a privacy incident.
 9. Neither OHA as an entity or any OHA employee will intimidate, threaten, coerce, discriminate against, or take any other form of retaliatory action against any individual for opposing any unlawful act or practice, provided that:
 - a. The individual (including another OHA employee) has a good faith belief that the act or practice being opposed is unlawful; and
 - b. The manner of such opposition is reasonable and does not involve the use or disclosure of an individual's protected information in violation of federal or state statute or rule, or OHA policy.
 10. If OHA policy conflicts with federal or state statute or rule, that statute or rule supersedes unless the OHA policy provides more protection.

References

[National Institute of Standards and Technology \(NIST\) Special Publication 800-111](#)
[NIST Special Publication 800-88](#)
[OHA Social Media Expectations and Responsibilities](#)
[Privacy/Security Glossary of Common Terms](#)

Contacts

Information Security and Privacy Office (ISPO)

Phone: 503-945-6812 (Security)

503-945-5780 (Privacy)

Fax: 503-947-5396

dhsinfo.security@state.or.us

dhs.privacyhelp@state.or.us

U. S. Department of Health and Human Services, Office for Civil Rights

Medical Privacy, Complaint Division

200 Independence Avenue, SW

Washington, D.C. 20201

Toll free Phone: 877-696-6775

Phone: 866-627-7748

TTY: 886-788-4989

Email: <mailto:OCRComplaint@hhs.gov>

Policy History

Version 1 Established 7/22/2014

Reviewed 10/03/2016

Keywords

Individual privacy, Protecting privacy, Privacy, Responsibility, Employee responsibility, Enforcement, Sanctions, Discipline

To request this policy in another format or language, contact the Publications and Design Section at 503-378-3486, 711 for TTY, or email dhs-oha.publicationrequest@state.or.us