

**CREIGHTON UNIVERSITY**  
**POLICY REGARDING HANDLING OF BREACHES OF PATIENT INFORMATION**

**I. PURPOSE**

This policy is designed to inform Creighton University employees, faculty, residents and agents (collectively referred to herein as "health care personnel") who handle patient information or health plan participant information how to correct inappropriate disclosures of patient protected health information.

**II. POLICY**

It is Creighton policy that disclosures of patient protected health information shall at all times comply with Creighton policy for the protection of patient privacy. Where uses or disclosures patient information do occur that do not appear to comply with Creighton policy, employees shall report such uses or disclosures to the University Privacy Officer and shall comply with all corrective action steps required by this policy and the University Privacy Officer.

**III. SCOPE**

This policy applies to Creighton Clinic Pharmacy, Creighton Dental Clinics, Creighton Pediatric Therapy, Creighton Specialty Pediatrics, Human Resources Health Plan staff, Office of Vice President of Finance, and any other university departments and divisions which handle patient protected health information. The following persons must comply with this policy: all employees, faculty, residents and students rotating through Creighton clinical settings, any students from other institutions rotating through Creighton clinical settings, Creighton personnel who handle patient information, Human Resources personnel who handle health plan information, and business associates and other agents of Creighton with access to or use of Creighton patient information.

**IV. DEFINITIONS**

"Breach" means the acquisition, access, use or disclosure of patient health information in a manner not permitted under Creighton policy which comprises the security or privacy of the PHI.

"Compromises the security or privacy of the PHI" means poses a significant risk of financial, reputational, or other harm to the individual.

"Protected health information" means information which identifies an individual patient. It can be in electronic, paper or other format. "Protected health information" is abbreviated as "PHI."

**V. PROCEDURES**

**A. Reporting Breaches of PHI.**

Where an individual identified in Section III knows or suspects PHI was used, accessed, or disclosed in violation of Creighton policy, that individual must immediately disclose the event by notifying the University Privacy Officer in writing.

1. Disclosure reports may be sent to [privacy@creighton.edu](mailto:privacy@creighton.edu), by facsimile to 280-3859 or by campus mail to attention of University Privacy Officer. Disclosure reports must be filed immediately, but no later than 3 business days of discovering the potential breach.
2. Disclosure reports shall contain the following information: the reporter's name, the date of the event, a description of the event, names of other persons who may know of the event; the identity of the person(s) who used, received or accessed the information; and the patient information affected.

3. A disclosing individual may request that their identity be kept anonymous. This will be honored to the extent practicable.

#### **B. Privacy Officer Response to Report**

The University Privacy Officer shall be responsible for investigating all suspected or known breaches reported under this policy. The University Privacy Officer shall determine:

1. If a breach did in fact occur;
2. If the breach must be reported to the affected patient;
3. If the breach must be reported to the federal government;
4. If any corrective action must be taken by Creighton.

The University Privacy Officer shall document his/her findings under this policy and enlist appropriate University resources as necessary to take action under this Section V.B.

The University Privacy Officer shall file any necessary reports and notify affected patients as required by federal regulation. The University Privacy Officer will work with any affected Creighton departments to implement corrective action.

#### **VI. ENFORCEMENT AND DISCIPLINE**

Disciplinary action for violations shall be determined in accordance with University's progressive disciplinary policy for Creighton employees. Disciplinary action for violations of this policy by students shall be determined at the school level. Disciplinary action for violations by residents will be determined at the program level. Disciplinary action will be based upon the severity and/or frequency of the violation.

#### **VII. NONRETALIATION**

No individual filing reports of a suspected breach shall be retaliated against for such actions. Any retaliation shall be subject to discipline according to University policy.

#### **VIII. AMENDMENTS OR TERMINATION OF THIS POLICY**

This policy may be amended or terminated by Creighton University at any time.

#### **IX. VIOLATIONS AND INQUIRIES**

Any questions about or known violations of this policy should be reported to the University Privacy Officer at 402-280-3469 or via e-mail to [privacy@creighton.edu](mailto:privacy@creighton.edu).

#### **X. REFERENCES**

45 CFR 164.