

**LOUISIANA STATE UNIVERSITY
HEALTH CARE SERVICES DIVISION
BATON ROUGE, LA**

POLICY NUMBER: 7527-24

CATEGORY: HIPAA Policies

CONTENT: Mitigation After Improper PHI Use or Disclosure

APPLICABILITY: This policy is applicable to all workforce members of the Health Care Services Division Administration (HCSDA) and Lallie Kemp Medical Center (LKMC) to include employees, physician/practitioner practices, vendors, agencies, business associates and affiliates.

EFFECTIVE DATE:

- Issued: April 14, 2003
- Revised: January 8, 2008
- Revised: April 9, 2010
- Revised: July 24, 2013
- Reviewed: February 26, 2015
- Reviewed: February 29, 2016
- Reviewed: August 28, 2017
- Reviewed: January 15, 2020
- Reviewed: January 13, 2023
- Reviewed: April 2, 2024

INQUIRIES TO: Health Care Services Division
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Note: Approval signatures/titles are on the last page

LSU HEALTH CARE SERVICES DIVISION
Mitigation after Improper PHI Use or Disclosure

I. STATEMENT OF POLICY

The Health Care Services Division (HCSD) has a duty to ensure the proper use and/or disclosure of PHI. To the extent practicable, the HCSD will mitigate (lessen or alleviate) any harmful effect that becomes known to the HCSD because of use or disclosure of PHI in violation of the HCSD policies and procedures or applicable law.

This policy will provide guidance to the facilities and providers to the extent practicable, to mitigate (lessen or alleviate) any harmful effect that becomes known to them as a result of an improper use or disclosure of PHI.

Any references herein to the Health Care Services Division (HCSD) also applies and pertains to Lallie Kemp Medical Center (LKMC).

II. IMPLEMENTATION

This policy and subsequent revisions to the policy shall become effective upon approval and signature of the HCSD Chief Executive Officer (CEO) or Designee.

III. PROCEDURE

Thirty (30) Day Cure Period - The Facility has up to a thirty (30) day cure period due to willful neglect to resolve the issue that lead to a breach. That thirty-day period begins on the date that the Facility first acquires actual or constructive knowledge of the violation. The duty to mitigate includes, but not limited to the following:

- A. Taking operational and procedural corrective measures to remedy violations.
- B. Taking employment actions, reprimand, or discipline employees as necessary, up to and including termination.
- C. Addressing problems with business associates, external affiliates, and other entities/persons outside of HCSD's workforce who have access to patient information once HCSD is aware of a breach of privacy.
- D. Incorporating mitigation solution into the HCSD facility's operational policies as appropriate.
- E. Addressing and investigating HCSD facility workforce violations.
- F. Re-training and education.

IV. ENFORCEMENT

Individuals who violate this policy will be subject to the disciplinary process for the HCSD facility.

V. EXCEPTION

The HCSD CEO or designee may waive suspend, change, or otherwise deviate from any provision of this policy deemed necessary to meet the needs of the agency as long as it does not violate the intent of this policy, state and/or federal laws, Civil Service Rules and Regulations, LSU Policies/Memoranda, or any other governing body regulations.


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