

	PCHP HIPAA Privacy and Confidentiality Piedmont Community Health Plan	
	Name:	PCHP.PV.133 Mitigation
	ID Number:	PCHP.PV.133
	Start Date:	02/02/2016
	Approval Date:	09/05/2016
	Review Date:	09/05/2017
	Approved By:	Garland Morton/CentraNotes

Body

Policy Name: Mitigation

Scope: Entire Piedmont workforce

Purpose: To ensure the necessary steps are taken, to the extent practicable, to mitigate harmful effects resulting from the use or disclosure of PHI.

Definitions & Acronyms:

CMS: Centers for Medicare & Medicaid

CFR: Code of Federal Regulations

PBM: Pharmacy Benefit Manager

HIPAA: Health Insurance Portability and Accountability Act of 1996

HITECH: Health Information Technology for Economic and Clinical Health Act

PHI: Protected Health Information

DRS: Designated Record Set

Piedmont: "Piedmont" collectively refers to Piedmont Community Health Plan (PCHP), Piedmont Community HealthCare (PCHC) and any future entities that are owned, affiliated with and/or operated by Piedmont.

Mitigate: to reduce, minimize or lessen the force, intensity or impact of a suffered loss.

Policy:

1. When Piedmont knows of a harmful effect resulting from the use or disclosure of Protected Health Information (PHI) in violation of the law or of **Piedmont privacy** policies and procedures, all necessary steps will be taken to mitigate such harmful effects, to the extent practicable.

Procedures:

1. Piedmont will not participate in, condone, or willfully ignore any violations of law or Piedmont **privacy** policies.
2. If Piedmont becomes aware of a use or disclosure of PHI that is not in compliance with HIPAA or Piedmont policies, **the Compliance department in conjunction with department management** must take reasonable steps to reduce any potential harm.
3. **If necessary, upon notification of a potential violation:**
 - A. **An investigation into the root cause of the violation may be done.**
 - B. **Creation of new operational policies may be required.**
 - C. **Modification of current policies may be required.**
 - D. **Additional operational and privacy training may be required.**

4. Piedmont employees should notify the Compliance Officer **of any potential privacy violation** immediately so that additional steps to mitigate the harm can be taken.

Equipment: None

Forms and Letters: None

Reference(s): 45 CFR §164.530(f)

Interdisciplinary Review: None

Policy History:

Date	Revision No.	Reason for Change	Sections Affected
04/14/2003	NEW		All
09/23/2013	1.0	<ul style="list-style-type: none"> • Updated policy to new format. • Provided more detailed clarification and included changes/updates from the HIPAA Omnibus Rule effective 9/23/13. 	All
02/02/2016	1.1	<ul style="list-style-type: none"> • Converted to Centra Format 	
07/18/2016	2.0	<ul style="list-style-type: none"> • Reviewed for compliance with Phase 2 Audit Protocol • Reviewed for compliance with NCQA standards 2016 • Added language to policy & procedure 	

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