



*Issuing Department:* Internal Audit, Compliance, and Enterprise Risk Management

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## **Sanctions for HIPAA Violations**

### **Policy**

NYU Langone Health will impose appropriate sanctions against Workforce Members who violate HIPAA or NYU Langone Health's HIPAA Privacy Policies and Procedures.

NYU Langone Health will consider all relevant factors in determining the nature and severity of the sanction, including but not limited to:

- the intent of the Workforce Member,
- the severity of the violation, and
- whether the violation indicated a pattern or practice of improper Use or Disclosure of Protected Health Information ("PHI").

NYU Langone Health's Office of Internal Audit, Compliance, and Enterprise Risk Management ("IACERM") will document all reported Incidents and any sanctions that are applied.

Workforce Members may also be subject to external civil and criminal sanctions resulting from HIPAA violations. For example:

- A health professional's respective licensing board may impose additional penalties including revocation of such professional's license, if the violation is required to be reported.
- Criminal sanctions could be imposed on an individual who is convicted of a violation under false pretenses or has the intent to sell, transfer, or use PHI for commercial advantage.

NYU Langone Health may also be subject to civil and criminal penalties by Federal or state government agencies.

### **Procedure**

1. Workforce Members shall report any violation of the HIPAA Rules, regulations, or NYU Langone Health's Privacy Policies and Procedures that they become aware of to IACERM via the HIPAA Helpline by phone 1-877-PHI-LOSS (1-877-744-5677) or online at <https://www.incidentform.com/HIPAA.nyulmc.jsp> , or to IACERM directly at 212-404-4079.
2. IACERM shall investigate the matter, determine the cause of the violation, and take the necessary steps with respect to disciplinary action in consultation with the Human

Resources/Employee and Labor Relations Department and the employee's supervisor, to address the non-compliance including:

- mitigation,
- a warning,
- re-training,
- suspension, and/or
- other disciplinary actions, up to and including termination.

3. Any resulting sanctions will be documented. IACERM will coordinate with the Human Resources/Employee and Labor Relations Department, as appropriate, to carry out the sanctions process.

### **Related Documents**

Breach Notification

Complaints, No Retaliation, No Waiver of Rights

HIPAA Privacy Policies, Procedures, and Documentation

HIPAA Privacy Policies and Procedures Definitions

Mitigation of HIPAA Related Incidents

Compliance Concerns: Reporting, Investigating, and Protection from Retaliation

Compliance Concerns: What You Need to Know About Reporting & the Investigation Process

### **Legal Reference**

45 C.F.R. §164.530(e)

42 USC §1320d-5

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This version supersedes all NYU Langone Health (as defined in this Policy) previous policies, including but not limited to NYU Hospitals Center, New York University School of Medicine, Lutheran Medical Center, and Winthrop University Hospital.