



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

*Effective/Reissue Date:* 10/5/2016  
*Current Version:* 4/1/2024

## **Mitigation of HIPAA Related Incidents**

### **Policy**

When NYU Langone Health knows of any harmful effect resulting from the Use or Disclosure of Protected Health Information (“PHI”) in violation of law or institutional policies and procedures by NYU Langone Health or a Business Associate, all necessary steps, to the extent practicable, will be taken to mitigate such harmful effects. NYU Langone Health will not participate in, condone, or willfully ignore any violations of law or NYU Langone Health policies.

Workforce Members who become aware of a Use or Disclosure of PHI that is not in compliance with the HIPAA Rules or NYU Langone Health policies should take reasonable steps to reduce any potential harm.

Workforce Members must immediately contact the Office of Internal Audit, Compliance, and Enterprise Risk Management (“IACERM”) so that any additional steps to mitigate the harm can be taken. IACERM, under the guidance of the Privacy Officer, will formulate and act upon a mitigation response plan tailored to the circumstances of the case but may include as appropriate:

- identifying the source(s) of the Disclosure,
- contacting the recipient of the information and requesting that the information be returned or destroyed,
- instructing the recipient to make no further Disclosure of the information,
- notifying the affected individual as required and in compliance with law and NYU Langone Health policies, and
- taking corrective action, including reeducation, reviewing, and correcting policies or procedures that contributed to the unauthorized Disclosure.

With respect to an unauthorized Disclosure made or caused by a Business Associate, IACERM and the Privacy Officer, in consultation with the Office of General Counsel will make a determination if such Disclosure warrants termination of the Business Associate’s contract.

### **Related Documents**

Accounting for Disclosures of PHI

Breach Notification

Compliance Concerns: Reporting, Investigating, and Protection from Retaliation

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

HIPAA Privacy Policies, Procedures, and Documentation

HIPAA Privacy Policies and Procedures Definitions

Safeguarding PHI

**Legal Reference**

45 C.F.R. §164.530(f)

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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.