



Good Medical Care Depends Upon Effective Communication

OCR is responsible for enforcing Section 504 of the Rehabilitation Act of 1973, Title II of the Americans with Disabilities Act (ADA) and Section 1557 of the Patient Protection and Affordable Care Act (ACA). Together, these Federal laws require hospitals, health care providers, clinics, medical practices and other entities who receive Federal financial assistance to provide services to persons with disabilities in a non-discriminatory manner. The services or aids that must be provided to ensure effective communication will depend on the abilities of the individual who is deaf or hard of hearing, the primary method used by the individual to communicate and the complexity and nature of the information being conveyed. Failure to ensure effective communication in such health care settings may lead to misinformation, inappropriate diagnosis and/or delayed or improper medical treatments.

UConn Health community members must obey Federal and state laws against discrimination. You must treat all members of the UConn Health community in a fair and equal manner. This means that UConn Health values diversity, assures equal access to all services, gives assistance with interpretation or translation services as necessary, and provides proper accommodations for any disabilities. For additional information on effective communication resources for health providers, please see the following resources:

- For Persons who are Deaf or Hard of Hearing: <http://www.hhs.gov/ocr/civilrights/resources/specialtopics/hospitalcommunication/ecdisability.html>
- For Persons with limited English proficiency: <http://www.hhs.gov/ocr/civilrights/resources/specialtopics/hospitalcommunication/eclep.html>
- From other HHS Agencies: <http://www.hhs.gov/ocr/civilrights/resources/specialtopics/hospitalcommunication/echhsprogandres.html>
- Civil Rights Laws and Regulations: <http://www.hhs.gov/ocr/civilrights/resources/specialtopics/hospitalcommunication/lawsandregulations.html>
- Disability and LEP Compliance Activities: <http://www.hhs.gov/ocr/civilrights/resources/specialtopics/hospitalcommunication/heccomplianceactivities.html>

For questions related to this article, please contact Margaret DeMeo, Associate Compliance Officer, at 860-679-1226 or demeo@uchc.edu

2015 Compliance Training is Underway !

Mandatory Compliance annual education courses are now available online. Compliance and ethics education provides a foundation for understanding the many laws that govern our institution and applying pertinent regulations in our day to day work. Employees regularly deal with situations that have compliance or ethics implications and sometimes are faced with more serious concerns. Compliance knowledge and education are the first step toward ensuring compliant processes and making sound, ethical decisions.

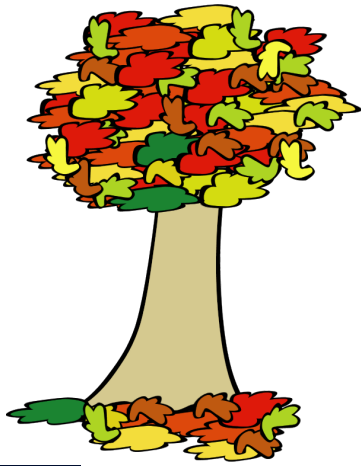
To complete your assigned training, access the Saba Online Learning Center and following these steps:

- Log in using your UConn Health Domain login name and password.
- View "Current Enrollments" on the right side of the page for a listing of all assigned courses
- Click "Launch Now" to begin a course.
- Once you have completed a course click the "Home" tab to view additional course assignments.

Compliance education must be completed no later than January 21, 2016.

For training questions please contact Ginny Pack at 860-679-1280 or pack@uchc.edu or Melanie O'Connor at 860-679-4180 or moconnor@uchc.edu

For Saba technical issues, please contact Chris Desjardins at 860-679-7577 or cdesjardins@uchc.edu or the UConn Health IT Helpdesk at 860-679-4400.



UConn Health Obligations When Dealing With a Reported Breach as Defined Under HIPAA

UConn Health is obligated as a covered entity under the HIPAA Privacy and Security Rules to address reported breaches, based on a risk assessment of at least the following factors: (i) The nature and extent of the protected health information involved, including the types of identifiers and the likelihood of re-identification; (ii) The unauthorized person who used the protected health information or to whom the disclosure was made; (iii) Whether the protected health information was actually acquired or viewed; and (iv) The extent to which the risk to the protected health information has been mitigated.¹

UConn Health must provide the required notifications to patients and or the government if the breach involved unsecured protected health information. Unsecured protected health information is defined as protected health information that has not been rendered unusable, unreadable, or indecipherable to unauthorized persons through the use of a technology or methodology specified by the Secretary in guidance.

Additionally by law, notice to affected parties, should a reportable breach be determined must be made without unreasonable delay and in no case later than 60 calendar days after the discovery of a breach by the covered entity involved.²

UConn Health also has the burden of proof to demonstrate that all notifications were provided or that an impermissible use or disclosure did not constitute a breach and to maintain documentation of the evaluation. This documentation must include the risk assessment noted above either showing that there was a low probability that the Protected Health Information had been compromised or that the impermissible use or disclosure fell within one of the other exceptions in the definition of breach.

The HITECH Rule also established four categories of violations that reflect increasing levels of culpability and four corresponding tiers of penalty amounts that significantly increase the minimum penalty amount for each violation, with a maximum penalty amount of \$1.5 million annually for all violations of an identical provision. The \$1.5 million is not a comprehensive maximum fine for a given category/year, but rather a maximum for all identical violations. The maximum fine is ultimately at the discretion of HHS and is dependent on how many different kinds of violations are found upon review by the Office of Civil Rights.

Violation Category—Section 1176(a)(1)

VIOLATION	Each Violation	All such violations of an identical provision in a calendar year
Did Not Know	\$100-\$50,000	\$1,500,000
Reasonable Cause	\$1,000-50,000	\$1,500,000
Willful Neglect—Corrected	\$10,000-50,000	\$1,500,000
Willful Neglect-Not Corrected	\$50,000	\$1,500,000 ³

¹ 45 CFR § 164.402

² HITECH Sec. 13402 (d) (1)

³ <http://www.hhs.gov/ocr/privacy/hipaa/administrative/enforcementrule/enfifr.pdf>

For questions about HIPAA breaches please contact the Privacy Office at 860-679-4180 or email at privacyoffice@uchc.edu

REPORTLINE

1-888-685-2637

