## Minimum Privacy Violation Action

<table>
<thead>
<tr>
<th>Level and Definition of Violation</th>
<th>Example of Violation</th>
<th>Action</th>
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| • Accidental and/or due to lack of proper education. | • Improper disposal of PHI.  
• Improper protection of medical records or other PHI.  
  • Leaving records on counters or where otherwise accessible by unauthorized individuals.  
  • Leaving any documents that contain PHI in inappropriate areas.  
• Not properly verifying individuals by phone, in person, or in writing.  
• Not accounting for disclosures outside of treatment, payment or health care operations within the correct system, or manual process. | • Re-training and re-evaluation.  
• Oral warning with documented discussion of policy, procedures, and requirements. |
| • Purposeful violation of privacy or an unacceptable number of previous violations. | • Accessing or using PHI without having a legitimate need to do so.  
• Not forwarding appropriate information or requests to the privacy official for processing. | • Re-training and re-evaluation.  
• Written warning with discussion of policy, procedures, and requirements. |
| • Purposeful violation of privacy policy with associated potential for patient harm. | • Disclosure of PHI to unauthorized individual or company.  
• Sale of PHI to any source.  
• Any uses or disclosures that could invoke harm to a patient. | • Termination. |

*Note: “PHI” is Protected Health Information as defined in policy number GC-009.*