



### 11.1.10 Patient Protection from Retaliation for Reporting Suspected Wrongdoing

Chapter 11 - Patient Privacy	Original Effective Date: April 2003
Section: 11.1 General and Oversight Policies	Date Last Reviewed: January 2023
Responsible Entity: Chief Compliance & Privacy Officer	Date Last Revised: January 2023

#### I. Purpose

Any UT Health San Antonio patient shall be allowed to freely discuss and raise questions to appropriate personnel, about situations they feel are in violation of federal and state law, UT Health San Antonio and University of Texas System policy, or any other regulations.

#### II. Scope

This policy applies to all faculty, staff, students, residents, healthcare providers, researchers, contractors, or any other individual (collectively, Workforce Member, including employees and non-employees) who has direct or indirect access to patient protected health information (PHI) created, held or maintained by any UT Health San Antonio controlled affiliate, including, not limited to its clinics, hospitals, and research operations.

#### III. Policy

- A. UT Health San Antonio (UTHSA) workforce members shall not intimidate, threaten, coerce, discriminate against, terminate patient care or a contractual agreement with, or take any retaliatory action in the following situations against an individual who:
  1. Discloses or threatens to disclose information about a situation they feel is inappropriate or potentially illegal;
  2. Provides information to or testifies against the alleged offending individual or UTHSA;
  3. Objects to or refuses to participate in an activity they feel is in violation of federal and state law, UTHSA and University of Texas System policy, or other requirements;

## 11.1.10 Patient Protection from Retaliation for Reporting Suspected Wrongdoing

4. Is involved in any committee or peer review process; or,
  5. Files a valid legitimate report or a complaint, or an incident report, internal to the organization or external, such as a complaint to the Department of Health and Human Services.
- B. Workforce members have a personal obligation to report any activity that appears to violate applicable laws, regulations, rules, policies, procedures, or the Standards of Conduct through established administrative process and procedures, as outlined in HOP policy [2.5.2 Protection from Retaliation for Reporting Suspected Wrongdoing](#). Workforce members may also make anonymous reports through the Compliance Hotline at (877) 507-7317 or report online at <https://uthscsa.edu/ReportNow>.
- C. Investigations of Retaliation

UTHSA's Institutional Compliance and Privacy Office will review all allegations of retaliation and assure that a proper investigation is conducted as appropriate.

### IV. Definitions

*Terms used in this document, have the meaning set forth in the [Patient Privacy Policies Glossary](#) unless a different meaning is required by context.*

### V. Related References

For questions regarding this policy contact the privacy program director at 210-567-2014 or [compliance@uthscsa.edu](mailto:compliance@uthscsa.edu).

### VI. Review and Approval History

- A. The approving authority of this policy is the University Executive Committee.
- B. The review frequency cycle is set for three years following the last review date, a time period that is not mandated by regulatory, accreditation, or other authority.

Effective Date	Action Taken	Approved By	Date Approved
04/2003	Policy Origination		
04/2010	Policy Revision		
03/2013	Policy Revision		
01/2023	Policy Review, discretionary edits	ICPO	1/17/22