

**VAN BUREN COMMUNITY MENTAL HEALTH AUTHORITY  
POLICIES & PROCEDURES**

**Title:** Compliance Monitoring/Staff Access  
**Originated:** 12/17/18, 2/13/25

**Number:** I.06.14  
**Approved By:** Executive Team

**PURPOSE:**

The purpose of this policy is to articulate Van Buren Community Mental Health's (VBCMh) commitment to comply with applicable legislative and regulatory standards as relevant to HIPAA regulations and 42 CFR.

**POLICY:**

VBCMh's Corporate Compliance Officer (CCO) is responsible for monitoring compliance activities and operations.

Staff will not access, use or disclose confidential information in electronic, paper, or oral forms for personal reasons, or for any purpose not permitted by VBCMh policy, including information about co-workers, family members, friends, neighbors or high-profile persons.

All reports of suspected unauthorized access, or disclosure of customer information, will be investigated by Recipient Rights Director or CCO.

**PROCEDURE:**

Compliance Monitoring: VBCMh believes that a thorough and ongoing evaluation of the various aspects of VBCMh's Compliance Plan is crucial to its success. Should there be cause to query the work-related reason for the staff person's access to a customer's file, the CCO will contact the staff's supervisor to confirm access was authorized. If the supervisor cannot confirm access to be work-related, the CCO will contact the staff for additional information.

Auditing: In order to evaluate the effectiveness of the Plan, especially 42 CFR and HIPAA regulations, VBCMh will audit staff access to electronic records through the use of the "Unauthorized Client Access Report" report at least monthly.

Investigative Process: If no work-related reason for staff access exists, the HIPAA Breach Assessment tool will be utilized to ascertain if a Breach Notification should occur. CCO will notify the Recipient Rights Director and the Executive Team of the outcome of the HIPAA Breach Assessment tool. Corporate Compliance counsel may also be accessed for further direction.

Organizational Response: Following completion of the investigation, if it is determined that a violation of this policy did occur, prompt and appropriate corrective actions will be taken to prevent its recurrence. Any violations may result in disciplinary action up to and including termination of employment.