

V-107

Policy Statement # 2-4-27  
Mental Health and Recovery Board of Wayne and Holmes Counties

Subject: "Whistleblower" protection  
Effective Date: April 21, 2005  
Supersedes: No previous policy statement  
Approval Signature:



1. The Board is committed to maintaining the highest standards of legal and ethical conduct in its operations.
2. The Board encourages its employees to take affirmative measures if they encounter anything in actions undertaken by Board staff or Board members which they believe to be contrary to this principle.
  - a. Pursuant to the provisions of ORC Section 4113.52, a Board employee who, in good faith, has identified such problems of a serious nature should report the wrong doing verbally to his/her supervisor or a responsible officer of the Board and follow-up with a written report. In those situations involving client rights and/or violations of HIPAA, the report should be made to the Board's Clients Rights Officer and HIPAA Privacy/Security Officer (unless this individual should be the subject of the allegations).
  - b. The Executive Director of the Board or his/her designee is to be notified immediately of such allegations and is to respond within one working day, including notifying the employee of efforts to address the situation.
  - c. If the Executive Director or designee fails to respond, the employee may notify an appropriate external legal authority of the alleged violation. In reporting to external authorities, in those circumstances where use or disclosure of PHI is considered essential to establish a violation, it must be limited to the minimum necessary to achieve the reporting.
3. The Board shall protect Board employees who in good faith may report such wrong doing from retribution and shall not intimidate, threaten, coerce, discriminate against or take other retaliatory action against such individuals.
4. Likewise, the Board shall also protect from retribution the following:

- a. Clients/enrollees of a contract agency who are attempting to exercise their rights, including those involving confidentiality of PHI under HIPAA, or who file a complaint about a covered entity's alleged failure in regard to those rights or about deficiencies in services received.
  - b. Other Individuals who may testify, assist or otherwise participate in an investigation of a possible HIPAA violation, client's rights violation or other wrongful act.
5. Nothing in this policy statement should be construed as limiting other valid and appropriate options of an employee, client/enrollee or other affected individual to report problems to other external authorities.