	DEPARTMENT: COMPLIANCE				
REGAL MEDICAL	Procedure No. Effective Dat		e: 04-01-03	Page: 1 of 2	
GROUP, INC.	Authored by: Jeffrey Baron	Date: "1/22/	Revised by:	Date:	
	Approved by	Date:	Approved by:	Date:	
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ITLE OF PROCEDURE: N	ON-RETALIATION	& PROTECTI	ON FOR REPO	DRTING	

# TITLE OF PROCEDURE: NON-RETALIATION & PROTECTION FOR REPORTING SUSPECTED FRAUD, WASTE, ABUSE, NON-COMPLIANCE AND/OR PRIVACY VIOLATIONS

## **PURPOSE:**

In accordance with HPN'S Compliance Plan, and/or all applicable laws and regulatory standards, including the Health Insurance Portability and Accountability Act of 1996 (HIPAA; <u>Pub.L. 104–191</u>, 110 <u>Stat. 1936</u>, enacted August 21, 1996, to be referred to as "HIPAA"), the following policy regarding protecting those persons who report in good faith suspected Fraud, Waste, Abuse, Non-Compliance, and/or Privacy (HIPAA) violations. It specifically is created to provide clear documentation of RMG's commitment to ensure that there will be no retaliatory action or negative employment consequences of any kind in response to "whistleblowers," or any employee who brings forth information about suspected Fraud, Waste, Abuse, Non-Compliance, breaches in patient privacy issues and related matters.

## POLICY:

Under HPN's Compliance Plan, which has been fully adopted by RMG, All RMG Employees are required to, and are encouraged to, bring forth information pertaining to known or suspected issues of non-compliance, or fraud, waste, abuse, or other violated of patient or company privacy or confidentially issues and related matters.

Employees are provided with compliance, Anti-Fraud/Waste/Abuse, and HIPAA Privacy and Security training, in accordance with HPN, contracted health plans, CMS, DMHC, and applicable local, state and federal laws, including those relating to CMS Fraud/Waste/Abuse and HIPAA laws and regulations. Each employee, affiliated vendors or contracted providers, are responsible to comply with all these regulatory standards, and to report any violations thereof, without fear of retaliation or harassment.

If, at any time, an employee, or group of employees, becomes aware of any suspected issue or violation of HPN's Compliance Plan, or involving Fraud, Waste, Abuse, Non-Compliance, and/or Privacy (HIPAA), they are directed to bring their concerns immediately to the attention of their supervisor, the company's Compliance Officer, its Privacy Officer, the Medical Officer, Clinical Policies, UM Operations, and Compliance, the Director of Quality Management, the VP of Human Resources Director or any member of the company's Compliance Committee or Executive Committee.

## **PROCEDURES:**

Employees may report any suspected Fraud, Waste, Abuse, Non-Compliance, and/or Privacy (HIPAA) violations, in anonymously and/or confidentially, in writing or orally, using one of several reporting avenues to inform the Compliance Officer, Privacy Officer, or Security Officer. When an employee chooses to inform their immediate supervisor, that staff member is required to maintain confidentiality, and to immediately inform the RMG Compliance Officer or Privacy Officer of the suspicion and/or allegation.

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1	Jeffrey Baron	Date:				
	Approved by:	Date:	Approved by:	Date:		
	Reviewed by:					

# TITLE OF PROCEDURE: NON-RETALIATION & PROTECTION FOR REPORTING SUSPECTED FRAUD, WASTE, ABUSE, NON-COMPLIANCE AND/OR PRIVACY VIOLATIONS

Among the means of reporting suspected Fraud, Waste, Abuse, Non-Compliance, and/or Privacy/Security issues regarding Protected Health Information (PHI), are as follows:

#### CONFIDENTIAL REPORTING METHODS:

Call the Hotline:	(818) 810-4633		
Email:	ReportFraud@regalmed.com		
Fax:	(818) 933-0598		
Mail:			
	Compliance Officer / Privacy Officer		
	Regal Medical Group, Inc.		
	8510 Balboa Blvd Ste 150		

Northridge, CA 91325

No retaliation of any kind will be allowed or tolerated against any person who in good faith notifies the Compliance Officer, hotline, or any supervisor or officer regarding an issue of suspected fraud, waste, abuse, non-compliance, or PHI privacy issue, and/or a "whistleblower" who brings forth information about breaches in patient privacy and related matters.