



## **TEXAS HEALTH INFORMATION MANAGEMENT ASSOCIATION**

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### **Policy: Whistleblower**

### **Reference Procedure: Whistleblower**

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This policy is intended to encourage Board members, staff (paid and volunteer) and others to report suspected or actual occurrence(s) of illegal, unethical or inappropriate events (behaviors or practices) without retribution.

Written: 9/08

Reviewed: 3/2010

Revised:



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1. The Whistleblower should promptly report the suspected or actual event to his/her supervisor.
2. If the Whistleblower would be uncomfortable or otherwise reluctant to report to his/her supervisor, then the Whistleblower could report the event to the next highest or another level of management, including to an appropriate Board or committee member.
3. The Whistleblower can report the event with his/her identity or anonymously.
4. The Whistle blower shall receive no retaliation or retribution for a report that was provided in good faith – that was not done primarily with malice to damage another or the organization.
5. A Whistleblower who makes a report that is not done in good faith is subject to discipline, including termination of the Board or employee relationship, or other legal means to protect the reputation of the organization and members of its Board and staff.
6. Anyone who retaliates against the Whistleblower (who reported an event in good faith) will be subject to discipline, including termination of Board or employee status.
11. The identity of the Whistleblower, if known, shall remain confidential to those persons directly involved in applying this policy, unless the issue requires investigation by law enforcement, in which case members of the organization are subject to subpoena.

Written: 9/08

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**Procedure: Whistleblower Report**

**Reference Policy: Whistleblower**

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Approved Form for Disclosure of Suspected or Actual Occurance(s) of Illegal, Unethical or Inappropriate Activities (behaviors or practices).

Date of Report: \_\_\_\_\_

Report Received By: \_\_\_\_\_

Date of Incident/Activity: \_\_\_\_\_

Description of Activity: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Action taken: \_\_\_\_\_

Signed: \_\_\_\_\_ Date: \_\_\_\_\_