



An tÚdarás Árachas Sláinte The Health Insurance Authority

Internal Protected Disclosure Policy

Version 5.0

Summary	This policy and procedure provides a framework to ensure that the Health Insurance Authority (HIA) has adequate guidelines for HIA staff to make protected disclosures.
Target Audience/Stakeholders	HIA Board Members and Employees
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Owner	Head of Operations

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1. Purpose of this Policy

The Health Insurance Authority (“HIA”) is committed to maintaining the highest standards of integrity, accountability, openness and good governance.

The purpose of this Policy is to: -

- provide a clear process for workers to report concerns regarding relevant wrongdoings;
- encourage the reporting of concerns at an early stage;
- ensure that protected disclosures are handled appropriately, consistently and confidentially;
- ensure compliance with the Protected Disclosures Act 2014, as amended by the Protected Disclosures (Amendment) Act 2022 (the “Protected Disclosures Legislation”); and
- protect reporting persons from penalisation for making protected disclosures.

This Policy should be read in conjunction with any other relevant HIA policies and procedures, including grievance, dignity at work and disciplinary procedures.

2. Scope

This Policy applies to all workers of the HIA.

For the purposes of this Policy, “worker” has the meaning set out in the Protected Disclosures Legislation and includes: -

- current and former employees;
- agency staff;
- contractors and consultants;
- trainees and volunteers;
- members of the Board and Board Committees;
- job applicants;
- persons participating in recruitment processes or pre-contractual negotiations; and
- any other persons covered by the legislation.

This Policy applies to workers of the HIA only. Separate arrangements are in place for workers of regulated entities who wish to make protected disclosures to the HIA in its capacity as a prescribed person, as set out in the HIA’s external protected disclosures policy.

3. What is a Protected Disclosure?

A protected disclosure is a disclosure of information which: -

- in the reasonable belief of the worker, tends to show one or more relevant wrongdoings; and
- came to the attention of the reporting person in a work-related context.

A reporting person is not required to prove that wrongdoing has occurred. However, the reporting person must have a reasonable belief that the information disclosed tends to show a relevant wrongdoing within the meaning of the Protected Disclosures Legislation.

A disclosure may relate to wrongdoing that has occurred, is occurring or is likely to occur.

4. Relevant Wrongdoings

Examples of relevant wrongdoings include: -

- the commission of an offence;
- failure to comply with a legal obligation;
- miscarriage of justice;
- endangerment of health or safety;
- damage to the environment;
- unlawful or improper use of public funds or resources;
- oppressive, discriminatory or grossly negligent acts or omissions by a public body;
- gross mismanagement by a public body; or
- concealment or destruction of information relating to any such wrongdoing.

5. Matters Not Covered by this Policy

This Policy is not intended to replace normal management, HR or grievance processes.

The following matters are generally not protected disclosures and should ordinarily be addressed under other HIA procedures: -

- interpersonal grievances between workers;
- complaints relating solely to a worker's own terms and conditions of employment;
- complaints concerning performance management or disciplinary matters affecting the reporting person only; or
- matters appropriately dealt with under grievance or dignity at work procedures.

Where a concern raised under this Policy is considered more appropriately dealt with under another HIA procedure, the reporting person will be advised accordingly.

6. Guiding Principles

The HIA is committed to ensuring that: -

- disclosures are treated seriously and assessed appropriately;
- reporting persons are treated fairly;
- confidentiality is maintained insofar as possible;
- the identity of reporting persons is protected in accordance with the legislation;
- persons against whom allegations are made are afforded fair procedures;
- reporting persons are protected from penalisation; and

- disclosures are managed proportionately having regard to the size and resources of the HIA.

7. Internal Reporting Channels

Protected disclosures may be made through the HIA's internal reporting channels.

Protected disclosures may be made: -

- by email to: protecteddisclosure@hia.ie;
- by post to:
For the attention of the Chief Executive/Registrar
Beaux Lane House
Mercer Street Lower
Dublin 2
D02 DH60
or
- orally, including by telephone (01 4060080) or by requesting an in-person meeting with the Chief Executive/Registrar.

The HIA will ensure that its reporting channels are secure and that access to information relating to protected disclosures is restricted to authorised persons only.

8. Protected Disclosures Recipient

The Chief Executive/Registrar is the Protected Disclosures Recipient to receive and manage protected disclosures made under this Policy.

The Protected Disclosures Recipient shall: -

- acknowledge disclosures;
- maintain communication with reporting persons;
- carry out or coordinate initial assessments;
- arrange appropriate follow-up actions; and
- maintain appropriate records.

Where a disclosure concerns the Chief Executive/Registrar, the disclosure may be made directly to the Chairperson of the Board by email to boardsecretary@hia.ie

9. Making a Protected Disclosure

A reporting person should provide as much relevant information as possible, including where available: -

- confirmation that the disclosure is being made under the Protected Disclosures Legislation;

- your name, your place of work, confidential contact details and if appropriate the best method to make contact;
- a description of the relevant wrongdoing;
- the date (if known) of the alleged wrongdoing or the date the alleged wrongdoing commenced or was identified;
- whether or not the alleged wrongdoing is still ongoing;
- whether the alleged wrongdoing has already been disclosed and if so, to whom, when, and what action was taken;
- information in respect of the alleged wrongdoing (what is occurring / has occurred and how) and any supporting information;
- the name of any person(s) allegedly involved in the alleged wrongdoing (if any name is known and the worker considers that naming an individual is necessary to expose the wrongdoing disclosed); and
- any other relevant information.

Note- When making a protected disclosure, you should only disclose as much information as is necessary to report the wrongdoing and should not access, process, disclose or seek to disclose information about individuals that is not necessary for the purpose of disclosing the wrongdoing.

However, you should include sufficient factual information pertaining to the wrongdoing that allows for an appropriate assessment and or investigation by the prescribed person into the matter being disclosed.

A reporting person is not expected to investigate matters personally or prove allegations. Anonymous disclosures may be considered insofar as practicable. However, anonymity may make it more difficult for the HIA to assess, investigate or follow up on the disclosure.

10. Confidentiality and Protection of Identity

The HIA will take all reasonable steps to protect the identity of reporting persons and any persons concerned.

Information that might identify a reporting person will not be disclosed without the explicit consent of the reporting person except where: -

- required by law;
- necessary for the effective investigation of the matter;
- necessary in the public interest; or
- otherwise permitted under the Protected Disclosures Legislation.

Where it is necessary to disclose information that may identify a reporting person, the HIA will, where practicable, notify the reporting person in advance unless prohibited by law or where such notification could jeopardise the investigation or related proceedings. All persons involved in handling protected disclosures are expected to maintain strict confidentiality.

11. Protection from Penalisation

A reporting person who makes a protected disclosure in accordance with the Protected Disclosures Legislation is protected from penalisation.

Penalisation includes any direct or indirect act or omission causing detriment to a worker arising from the making of a protected disclosure, including: -

- dismissal;
- demotion;
- transfer of duties;
- reduction in wages;
- unfair treatment;
- intimidation or harassment;
- discrimination;
- coercion or ostracism; or
- damage to reputation.

Any worker who believes they have been subjected to penalisation for making a protected disclosure should notify the HIA immediately.

Penalisation of a reporting person is regarded as a serious matter.

External remedies available to workers in respect of claims for penalisation include a claim being brought to the Workplace Relations Commission within 6 months of the penalisation and a claim to the Circuit Court for injunctive relief within 21 days of the last instance of penalisation. A civil action may be brought against a person who causes them detriment as a result of the making of the protected disclosure by the person suffering the detriment, or a third party.

12. Assessment and Follow-Up

12.1 Acknowledgement

The HIA will acknowledge receipt of a protected disclosure within 7 calendar days unless:

- the reporting person requests otherwise;
- the person to whom the communication was addressed is unavailable; or
- the HIA reasonably believes that acknowledgement would jeopardise the protection of the reporting person's identity.

12.2 Initial Assessment

An initial assessment will be carried out to determine:

- whether the matter falls within the scope of the Protected Disclosures Legislation;
- whether the disclosure appears to disclose a relevant wrongdoing; and
- what follow-up action, if any, is appropriate.

The HIA may seek further information from the reporting person during this process.

12.3 Follow-Up Actions

Depending on the nature of the disclosure, follow-up action may include: -

- clarification requests;
- a preliminary review;
- an internal inquiry or investigation;
- referral to another appropriate body or regulator;
- referral to An Garda Síochána or another statutory authority; or
- a decision that no further action is required.

The nature and extent of follow-up action will depend on the circumstances of the disclosure and the statutory remit of the HIA.

12.4 Feedback

The HIA will provide feedback to the reporting person within 3 months of acknowledgement of the disclosure, and at further three month intervals thereafter, where requested in writing by the reporting person.

Where justified by the particular nature and complexity of the matter, this period may be extended to 6 months in accordance with the legislation.

Feedback may include information regarding: -

- actions taken or proposed;
- reasons for decisions made; or
- the status of any review or investigation.

The extent of feedback may be limited by legal obligations, confidentiality requirements and fair procedures.

13. Fair Procedures

The HIA recognises that persons against whom allegations are made are entitled to fair procedures and natural justice.

The fact that a protected disclosure has been made does not mean that any allegation is accepted as true.

Any investigation arising from a protected disclosure will be conducted fairly and objectively.

14. Review

The reporting or affected person may seek a review of:

- the outcome of an initial assessment or any follow-up actions including an investigation taken on foot of receipt of a report.
- a decision to disclose their identity
- the outcome of any assessment or investigation of an act of penalisation

by emailing protecteddisclosures@hia.ie within 14 calendar days of being informed of the outcome, decision or actions.

The basis and reasons for seeking a review shall be set out in full by the reporting or affected Person and shall be based on objectively reasonable grounds.

A review is not a re-investigation of the issue in question, but is designed to address particular issues which the applicant feels may not have been addressed, or not addressed adequately, in the initial process.

The reviewer will consider:

- Whether the correct procedures were followed;
- In the case of an investigation, whether the terms of reference were adhered to;
- Whether the conclusions/findings could or could not reasonably be drawn from the information/evidence on the balance of probability.

The reviewer will advise the Chief Executive/Registrar, in writing, of the outcome. On completion of the review process, the person requesting the review will be advised of the Review outcome.

The outcome of the review is final and there is no entitlement to further reviews of the same issue.

15. False or Misleading Reports

A disclosure made in the reasonable belief that wrongdoing may have occurred will not attract penalty simply because the concern ultimately proves unfounded.

However, knowingly making a false report or knowingly providing false information may constitute an offence and may result in disciplinary action.

16. Records and Data Protection

The HIA will maintain records relating to protected disclosures in accordance with the Protected Disclosures Legislation, data protection legislation and the HIA's records management requirements.

Records relating to protected disclosures will be retained securely and access will be restricted to authorised persons.

17. External Reporting

Nothing in this Policy prevents a reporting person from making a disclosure to a prescribed person, the Protected Disclosures Commissioner or otherwise in accordance with the Protected Disclosures Legislation.

Information regarding external reporting channels is available on the HIA website – www.hia.ie

18. Review of this Policy

This Policy shall be reviewed periodically and updated as required to reflect legislative or organisational changes.

Version	Date	Approved by	Date	Notes
1	10/2017			
2	04/2018			
3	18/09/2023	The Board	28/09/2023	- Updated as part of overall policies review. - Included Head of Regulation and Compliance as an alternate Receiving Officer.
4	09/2025	The Board		- Updated as part of overall policies review. - Updated to incorporate provisions of the amended Act 2022.
5	06/2026	The Board	16/07/2026	Full revision of process