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Department/Section:
REVISION Date:
Prepared by:
APPROVED BY:

Handling Patient Complaints or Allegations of Privacy Violations PROTOCOL

Objective: To provide guidelines for handling a patient's complaint or allegation of privacy violations. (Facility Name) assures the patient that the health center will honor the patient's right to file a complaint and will not retaliate against them or deny services based on filing a claim.

Responsibility: The Medical Records Supervisor/Privacy Officer or appointed designee will take all complaints and/or allegations of non-compliance seriously and will fully investigate the allegations to determine course of corrective action.

Protocol: (Facility Name), Notice of Privacy Practices, informs our patients of their rights under HIPAA's Privacy Rule to file a complaint with our Medical Records Supervisor/Privacy Officer and the Office of Civil Rights (OCR) when they have reason to believe we have violated their privacy rights.

The Medical Records Supervisor/Privacy Officer or appointed designee will take all complaints and/or allegations of non-compliance seriously and will fully investigate the allegations to determine what course of corrective action, if any, needs to be taken. The Medical Records Supervisor/Privacy Officer or appointed designee will notify the patient in writing the outcome of the investigation and what corrective action, if any, was taken.

Patient will complete the Privacy Complaint Form detailing the specific possible violation of health information occurrence(s) and date(s). This form is reviewed by the Medical Records Supervisor/Privacy Officer or appointed designee to assist the patient to make sure that the most complete information is provided on the violation form.

Tracking: The Medical Records Supervisor/Privacy Officer or appointed designee will keep a log of all complaints and/or allegations of non-compliance and the outcome of the internal investigation of the allegations.

Additional Government Investigation: The OCR may also conduct compliance reviews to determine whether (Facility Name) is complying with the applicable requirements of this rule.

If the OCR initiates a compliance review of our practice, (Facility Name) will comply with all

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requests for information and produce records and compliance reports to the OCR in a timely manner in order for the OCR to determine whether or not (Facility Name) is in compliance with the Privacy Rule. (Facility Name) will provide the OCR access during normal business hours to our facility, Monday through Friday 8:30AM to 5:00PM, books, records, accounts, and other sources of information, including Protected Health Information, which is pertinent to ascertaining compliance with the applicable standards.

If the OCR determines that exigent circumstances possibly exist at the health center, such as when documents or patient's Protected Health Information may be hidden or destroyed, (Facility Name) will permit immediate access to the OCR at any time and without notice.

If Protected Health Information is required for the investigation and the information is the exclusive possession of any other agency, institution, or person and the other agency, institution, or person fails or refuses to furnish the information, (Facility Name) will certify what efforts were made to obtain the information. A written copy of the outcome of the review will be sent to the complainant and (Facility Name). If (Facility Name) is found to be non-compliant, (Facility Name) will attempt to quickly resolve the matter by informal means.

References:

Health Insurance Portability and Accountability Act (HIPAA) Privacy & Security Rule, 45 CFR 160-164.524

COIMA - California Confidentiality of Medical Information Act, California Civil Code Section 56 - 56.16

Medicare Conditions of Participation, 42 CFR Sections 482.24

Title 22 California Code of Regulations, Sections 70749, 70751, 71527, and 71549

Business Records Exception, Federal Evidence 803(6)

Section 13101 - 13424 of Title XIII (Health Information Technology for Economic and Clinical Health Act) of the American Recovery and Reinvestment Act of 2009;