

Maricopa Integrated Health System: Administrative Policy & Procedure

Effective Date: 03/03

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Policy #: 01302 S

Policy Title: Compliance/HIPAA: Management of Patient Privacy Complaints

Scope: **District Governance(G)**

System-Wide(S)

Division(D)_____

Department(T)_____

Signature: _____
[John Middleton – Chief Compliance Officer, MIHS]

Purpose:

To establish a complaint process through which Maricopa Integrated Health System (MIHS) patients may resolve concerns about the privacy and confidentiality of their health information.

Policy:

MIHS will investigate and resolve complaints of violations of an individual's privacy rights or complaints of violations of the MIHS policies and procedures regarding privacy and security of patients' protected health information ("PHI").

Procedure:

1. If a patient wishes to make a complaint about a violation of privacy rights or privacy and security of PHI, the patient must do so by contacting the Compliance Office.
2. If a patient complains verbally to other MIHS personnel, MIHS personnel will provide the patient with the methods by which the patient can contact the Compliance Office.
3. Upon receiving a complaint, the Compliance Office will issue a tracking number by logging the complaint into the compliance issue tracking database, which will track all relevant information, such as: the complainant's contact information; the subject of the complaint; a summary of the complaint; details of the complaint; an action plan; the action taken, and; the response to the complainant and/or others.
4. While investigating the complaint, the Compliance Office will follow the provisions in MIHS Administrative Policy and Procedure - 01303 S: Mitigation of Harm Resulting from Use or Disclosure of Protected Health Information
5. The Compliance Office will forward a copy of the complaint to the appropriate MIHS department Manager/Director within forty-eight (48) hours of receipt of the complaint. Appropriate departments include all departments in which the alleged privacy violation has taken place.
6. The Manager/Director of the department(s) will investigate the alleged privacy violations and report his/her findings to the Compliance Office within ten (10) days of receiving the complaint.

7. Upon receipt of the Manager/Director's report, the Compliance Office will consult with Risk Management and Human Resources, if necessary, to determine a resolution of the patient complaint.
8. The Compliance Office will respond to the patient within thirty (30) days of receipt of the complaint. This response will advise the patient of the resolution of his or her complaint.
9. The Compliance Office will retain documentation related to complaints for a minimum of six (6) years. This documentation includes the complaint, documentation of the resolution of the complaint, and all correspondence with the patient and others relating to the complaint.
10. MIHS personnel will not prohibit any individual, group, or entity to waive the right to register complaints, nor will make the waiver of the right to complain a condition of treatment. (See MIHS Policy 01304 S: Prohibition of Intimidating or Retaliatory Acts)

References: HIPAA Privacy Regulations; MIHS Administrative Policy/Procedure - 01303 S: Mitigation of Harm Resulting from Use or Disclosure of PHI; 01304 S: Prohibition of Intimidating or Retaliatory Acts

Keywords: Compliance Office, HIPAA, patient complaint, PHI