

## Privacy - MODEL Facility Policy

POLICY NAME: Privacy Complaint Process

DATE: (facility to insert date here)

Number: (facility to insert number here)

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**Purpose:** To facilitate compliance with the Health Insurance Portability and Accountability Act (HIPAA) Standards for Privacy of Individually Identifiable Health Information (Privacy Standards), 45 CFR Parts 160 and 164, Administrative Requirements, the Health Information Technology for Economic and Clinical Health Act (HITECH), Subtitle D – Privacy, and 45 CFR Parts 160 and 164, Breach Notification for Unsecured Protected Health Information; Interim Final Rule.

**Policy:** Under the Privacy Standards, a patient may file a complaint with the facility, as well as with the Secretary of the U.S. Department of Health and Human Services. The facility should use their standard patient complaint/grievance process to capture privacy related complaints; however, the Facility Privacy Official (FPO) or his or her designee must be involved in all privacy related complaints.

### **Procedure:**

1. The contact person or office which handles privacy complaints is:  
\_\_\_\_\_ [facility to insert information]
2. The information gathered should include, at a minimum, the following:
  - Name of the complainant
  - Name of the patient
  - Complainant's relationship to the patient
  - Date the complaint was filed
  - Date and time of the incident (if applicable)
  - Location
  - Names of any members of the workforce who were involved
  - Names of any physicians that were involved
  - Names of any business associates involved
  - Short summary of the dispute.
3. Receipt of a privacy complaint must be acknowledged to the complainant by the FPO or designee (*e.g.*, a return telephone call, a written acknowledgment). Written documentation of the acknowledgment must be maintained (*e.g.*, copy of the written acknowledgment, documentation of the phone call).
4. Protected Health Information (PHI) may not be shared with a complainant unless the complainant is also the patient or the patient's legal representative.

5. The FPO or designee will develop and maintain a complaint process that includes an intake form, an investigation form, a HITECH risk assessment, and a disposition report that identifies any privacy deficiencies discovered in the investigation and the remedial steps to be taken. This process must be followed for all privacy complaints. IP.PRI.011 must be followed if the breach requires notification under HITECH. The FPO or designee must develop and maintain a log of privacy complaints.
6. All privacy complaint documentation must be retained for a minimum of six (6) years.
7. Should a complaint against a workforce member or physician be found to be valid, the disposition of such complaint will be consistent with the facility's Sanctions for Privacy Violations Policy.

**References:**

Health Insurance Portability and Accountability Act (HIPAA), Standards for Privacy of Individually Identifiable Health Information 45 CFR Part 164  
American Recovery and Reinvestment Act of 2009, Title XIII, Subtitle D  
Patient Privacy Program Requirements Policy, IP.PRI.001  
Facility Privacy Official Policy, IP.PRI.002  
Facility Model Sanctions for Privacy and Information Security Violations Policy  
Facility General Patient Complaint Policy  
Records Management Policy, EC.014  
Protected Health Information Breach Notification Policy, IP.PRI.011