

FAMILY HEALTH CENTERS, INC.

SUBJECT: PRIVACY COMPLAINTS – HIPAA PRIVACY

MANUAL: COMPLIANCE

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POLICY

It is the policy of Family Health Centers, Inc. (FHC) to provide for a process of identifying, reporting, resolving and documenting uses or disclosures of Protected Health Information (PHI) that violate Family Health Center's policies and procedures or the Health Insurance Portability and Accountability Act (HIPAA) privacy provisions, hereinafter referred to as "inappropriate use or disclosure." FHC shall mitigate known harmful effects resulting from a violation of policies and procedures.

CROSS REFERENCE

Compliance Manual – Sanction Policy
Human Resources Manual – Progressive Discipline Policy

PROCEDURE

1. Authority and Accountability

1.1 The Compliance Officer shall be responsible for receiving complaints regarding FHC's compliance with HIPAA privacy requirements. The Compliance Officer shall also be responsible for providing additional information regarding FHC's Notice of Privacy Practices as needed.

1.2 If the Compliance Officer delegates or shares such responsibilities, the designee or office responsible shall be documented.

2. Procedure to File a Complaint

All complaints shall be filed in writing. The Health Information Privacy Complaint form may be used by the complainant and provided to the Compliance Officer or designee. All other reports received should be reported to the Compliance Officer.

3. Procedure to Resolve a Complaint

3.1 The Compliance Officer will complete a confidential and thorough investigation of the alleged violations. As a result of the investigation, the Compliance Officer will direct a course of action to:

3.1.1 Mitigate the known harmful effects of the inappropriate use or disclosure.

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- 3.1.2 Change policies and procedures, if deemed necessary, to prevent future inappropriate uses or disclosures.
- 3.1.3 Provide training to staff, if deemed necessary, to prevent future inappropriate uses or disclosures.
- 3.1.4 Sanction and/or discipline, in accordance with the sanction policy, individuals responsible for the inappropriate uses or disclosures.
- 3.1.5 Communicate, as necessary, with business associates responsible for the inappropriate uses or disclosures.

- 3.2 The Compliance Officer will notify the complainant of the findings of the investigation and action taken as a result of the investigation within thirty (30) days of receipt of the complaint. The findings of the investigation and the disposition of the complaint will be documented.

- 3.3 Employee discipline, if any, shall be accomplished by consultation between the Compliance Officer and the offending employee's supervisor.

- 4. Intimidating or Retaliatory Acts

No member of FHC's work force or management will engage in acts to intimidate, threaten, coerce, discriminate or retaliate against individuals or organizations who:
 - 4.1 File a complaint under this policy.
 - 4.2 File a complaint with regulatory authorities.
 - 4.3 Testify or otherwise assist with an investigation, compliance review, hearing or other proceeding.
 - 4.4 Oppose acts or practices made unlawful by HIPAA, provided the individual or organization has a good faith belief that the act or practice is unlawful and opposition is reasonable.

- 5. Privacy complaints will be reported to the Chief Executive Officer on a regular basis.

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KEY DOCUMENTATION

Health Information Privacy Complaint Form

Development Date: February 2003

Effective Date: April 14, 2003

Revised: July 2005

Reviewed: August 2018

Approved By:


Compliance Officer

8/28/18
Date


Chief Executive Officer

8/28/18
Date


Chairman, Board of Directors

8/28/18
Date

Family Health Centers, Inc
Health Information Privacy Complaint Form

Patient Name: _____ Date: _____

Patient Identification Number: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Please describe the nature of the complaint: _____

Date of Occurrence: _____ Information Affected: _____

Please list possible recipients of protected health information:

Name

Organization

Patient Signature _____ Date: _____

To be completed by Family Health Centers

Have policies and procedures been violated? Yes No

Document mitigation efforts and policy and procedure changes as applicable: _____

Compliance Officer: _____ Date: _____