## Purpose

To ensure that an effective complaint process is in place to respond to Privacy Rule violations.

## Policy

It is the policy of [COVERED ENTITY] to ensure the privacy of Protected Health Information (“PHI”) as well as to ensure that such information is used and disclosed in accordance with all applicable laws and regulations. Any individual has the right to make complaints concerning [COVERED ENTITY]’s compliance with the HIPAA Privacy Rule and its HIPAA privacy policies and procedures (“Privacy Complaints”) and is entitled to exercise this right without fear of reprisal.

## Procedure

1. [COVERED ENTITY]’s *Notice of Privacy Practices* must notify all patients (or their personal representatives) of their right to complain to [COVERED ENTITY] or the Department of Health and Human Services (“HHS”)*.*
2. Complaints or concerns may be made in person, or by telephone or mail, and should be forwarded to the Privacy Officer.
3. Upon receipt of any Privacy Complaint, the Privacy Officer (or his or her designee) shall document the following in a Privacy Complaint Log:
   1. The date the Privacy Complaint was received;
   2. A copy of the written Privacy Complaint, if any, or a general description of the verbal Privacy Complaint; and
   3. A copy of the written statement provided to the individual making the Privacy Complaint, as described below.
4. Once the Privacy Complaint is correctly documented in the Privacy Log, the Privacy Officer should coordinate with appropriate individuals to determine whether an investigation is warranted. If an investigation is warranted, the Privacy Officer shall conduct the investigation and determine if a violation of the HIPAA Privacy Rule or [COVERED ENTITY]’s HIPAA privacy policies and procedures has occurred. The Privacy Officer should make all reasonable efforts to complete the investigation in a timely manner.
5. Following completion of the investigation, the Privacy Officer should:
   1. Document the outcome of the complaint by entering the resolution and any required follow-up actions on the Privacy Complaint Log.
   2. Communicate the outcome of the complaint to the individual who made the complaint within 30 days from receipt of complaint.
6. If the Privacy Officer determines that a HIPAA privacy violation has occurred, the Privacy Officer will initiate and coordinate actions as appropriate according to [COVERED ENTITY]’s Sanctions Policy.
7. The Privacy Official shall maintain documentation of all complaints received and their disposition for a period of at least six years (from the date of creation) in accordance with federal regulations.
8. Employees, subcontractors, interns, and volunteers may not intimidate, threaten, coerce, discriminate against or take any other retaliatory action against the any person for filing a Privacy Complaint.

COMPLAINT REGARDING USES/DISCLOSURES

OF PROTECTED HEALTH INFORMATION

Tracking Number\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

This form is to be used to file a complaint with [COVERED ENTITY] regarding its privacy policies and procedures, and its compliance with those policies and procedures or the federal Privacy Rule.

When this form is complete, please return it to: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| **Patient Information** | | | | | **Requester’s information (if not the patient)** | | |
|  |  | | |  |  |  |  |
|  | Name | | |  |  | Name |  |
|  |  | | |  |  |  |  |
|  | Location | | |  |  | Relationship to the Customer |  |
|  |  |  |  |  |  |  |  |
|  | Date of Birth |  | SSN |  |  | Source of Legal Authority |  |
|  |  | | |  |  |  |  |
|  |  | | |  |  | Phone Number |  |

Date of incident: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_/or  The practice is ongoing

Time of incident: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_/or  Not applicable

Please describe the practice or incident about which you wish to complain:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Name & title of person(s) involved, if known: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please describe why you believe that this practice or incident was improper:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please attach any documentation that supports your complaint to this form.

I certify that the information recorded above is true to the best of my knowledge, and that I have a good faith belief that such practice or incident is a violation of federal laws regarding the handling of a patient’s health information or of [COVERED ENTITY]’s privacy policies and procedures.

|  |  |  |  |
| --- | --- | --- | --- |
| Signature: |  | Date: |  |

RESOLUTION OF COMPLAINT REGARDING USES/DISCLOSURES

OF PROTECTED HEALTH INFORMATION

Person investigating the complaint:

Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Location\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Tracking Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Resolution or Conclusion of investigation:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Comments:

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Date and Time Resolution Communicated to Individual:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Approval of Privacy Officer

Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Comments/Instructions:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

LOG OF INTERNAL COMPLAINTS REGARDING PRIVACY ISSUES

| **DATE RECEIVED** | **IDENTITY OF INDIVIDUAL MAKING COMPLAINT (IF KNOWN)** | **PERSON RECEIVING COMPLAINT** | **NATURE OF COMPLAINT** | **STEPS TAKEN TO RESOLVE COMPLAINT** | **DATE OF RESOLUTION** | **Method**  **Filed** | **Tracking**  **Number** |
| --- | --- | --- | --- | --- | --- | --- | --- |
|  |  |  |  |  |  |  |  |
| Example:  04/30/17 | Hotline – anonymous | Joe Smith – privacy officer | Computer screens at nursing station not shielded from visitor view | Computer terminals moved to area at nursing station where they cannot be seen by passerby; monitor screen shields installed | 05/02/17 |  |  |
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