

## Maricopa Integrated Health System Administrative Policy & Procedure

**Effective Date:** 03/03

**Reviewed Dates:** 05/08, 07/10, 10/12, 02/17

**Revision Dates:** 10/06, 06/08, 02/17

**Policy #: 01302 S**

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

**Scope:** [ ] **District Governance (G)**  
[X] **System-Wide (S)**  
[ ] **Division (D)**  
[ ] **Multi-Division (MD)**  
[ ] **Department (T)**  
[ ] **Multi-Department (MT)**

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### **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.

### **Definitions:**

PHI – protected health information

MIHS Personnel: MIHS Personnel includes all personnel who would appear to the general public as an employee or agent of MIHS. MIHS Personnel includes: Employees, residents, physicians, volunteers, contractors, vendors, temporary labor, registry personnel, travelers, and contract employees

### **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 Chief Compliance Officer/ Privacy Officer or Security Officer.
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 will intake the complaint and forward all pertinent

information to the Compliance Office so it can initiate an investigation.

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 a reasonable time 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) assist in the investigation of the alleged privacy violations and report his/her findings to the Compliance Office within ten (10) days (or as soon as reasonably possible) 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 (or as soon as reasonably possible). This response will advise the patient of the resolution of his or her complaint.
9. The Compliance Office will notify the Office for Civil Rights (OCR) if the privacy violation meets the breach notification standards per the HIPAA/HITECH Act.
10. 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.
11. MIHS personnel will not influence 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:**

- Health Insurance Portability and Accountability Act (HIPAA) Privacy Rule §164.530(d)
- MIHS Policy 01303 S Mitigation of Harm Resulting from Use or Disclosure of

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PHI

- MIHS Policy 01304 S Prohibition of Intimidating or Retaliatory Acts

**MIHS Policy & Procedure - Approval Sheet**  
(Before submitting, fill out COMPLETELY.)

**POLICY RESPONSIBLE PARTY: HIPAA HITECH Privacy Specialist**

**DEVELOPMENT TEAM(S): Office of Corporate Compliance**

**Policy #: 01302 S**

**Policy Title: Management of Patient Privacy Complaints**

**e-Signers: L.T. Slaughter, Chief Compliance Officer**

**Place an X on the right side of applicable description:**

**New -**

**Retire -**

**Reviewed -**

**Revised with Minor Changes -**

**Revised with Major Changes -**

**Please list revisions made below:** (Other than grammatical changes or name and date changes)

**Reviewed and Approved by in Addition to Responsible Party and E-Signer(s):**

<b>P&amp;P Lead: HIPAA HITECH Privacy Specialist</b>	<b>02/17</b>
<b>VP of the Area:</b>	<b>00/00</b>
<b>Committee: System-wide P&amp;P</b>	<b>11/16</b>
<b>Reviewed for EPIC:</b>	<b>00/00</b>
<b>Other:</b>	<b>00/00</b>
<b>Other:</b>	<b>00/00</b>
<b>Other:</b>	<b>00/00</b>