HIPAA COMPLAINT PROCESS POLICY

POLICY
HIPAA Complaint Process

PURPOSE
It is the policy of St. Louis County Department of Health (DOH) to provide patients with the means to file a complaint if they believe that their Protected Health Information (PHI) has been improperly used or disclosed (See 45CFR Section 164.530(d)).

APPLICATION
Saint Louis County DOH, its facilities and workforce.

DEFINITIONS
- **Complaint**
  Allegation that a patient’s PHI has been improperly used or disclosed. A patient, legal guardian, personal representative or parent of a minor may file a complaint. The original 6.5.1 HIPAA Complaint Form is to be filed in the patient’s medical record under “correspondence” section. If the patient has a guardian, a copy of the 6.5.1 HIPAA Complaint Form shall be sent to the guardian.
- **Patient**
  Any person who has received services or who is receiving services from Saint Louis County DOH.
- **Protected Health Information (PHI)**
  Individually Identifiable Health Information (IIHI), including demographic information, collected from an individual that is:
  1. Created or received by a healthcare provider, health plan, employee, or healthcare clearinghouse,
  2. Related to the past, present, or future physical or mental health or condition of an individual; or the past, present or future payment for an individual:
     A. Identifies the individual, or
     B. There is reasonable basis to believe that the information can be used to identify the individual.
PROCEDURE

- Saint Louis County DOH strongly encourages and promotes that attempts to resolve issues can be made at the local level.
  1. Utilize standard Saint Louis County DOH 6.5.1 HIPAA Complaint Form.
  2. A copy of the 6.5.1 HIPAA Complaint Form shall be forwarded to the Privacy Officer or designee.
  3. The 6.5.1 HIPAA Complaint Form must describe the acts or omission the patient believes to have occurred.
  4. The 6.5.1 HIPAA Complaint Form must include the following:
     A. The date on which the act or omission occurred,
     B. A description of the PHI affected and how it was affected, and
     C. The name(s) of anyone who may have improperly been provided with the PHI.
  5. All 6.5.1 HIPAA Complaint Forms received by the Privacy Office or designee will be date-stamped upon receipt.
     A. The Privacy Officer or designee will review and act on the complaint in timely manner and not more than thirty (30) days from receipt of the complaint. If additional time is necessary to review and investigate the complaint, the Privacy Officer or designee shall notify the patient within thirty (30) days of the delay and inform the grievant of the expected timeframe for completion of the review.
     B. The Privacy Officer or designee shall determine what PHI is affected by the complaint and if the PHI was provided to other covered entities, business associates or any authorized requestors of information.
     C. If the PHI was created and maintained by a business associate, the original 6.5.1 HIPAA Complaint Form will be forwarded to the business associate. Complaints forwarded to the business associate will be logged and a written notice of the action sent to the patient making the complaint.
  6. The Privacy Officer or designee shall determine if there is a cause to believe a violation occurred and the course of action to be taken.
     A. If no violation has occurred the complaint and findings will be date-stamped, the complaint will be considered closed and a written notice shall be provided to the patient.
     B. If cause to believe that a violation has occurred, the Privacy Officer or designee shall be responsible for determining if:
        1. Performance or training needs to be improved, or if
        2. A change in the departmental operation is needed.
     C. The Privacy Officer or designee shall notify appropriate administrative representative, staff or committees of the action needed.
     D. If employee discipline must be taken, it must follow the departmental operations policy on sanctions.
7. If the complaint resolution finds that no cause to believe a violation occurred, the patient may seek the County Counselors office. 
   A. County Counselors will act on the complaint in a timely manner and not more than thirty (30) days from receipt of the 6.5.1 HIPAA Complaint Form.
   B. The following will be determined upon their review:
      1. That the original determination by the facility Privacy Officer is accurate.
      2. That remediation should occur at the facility level through increased training or that a recommendation is made to the facility for disciplinary action.
      3. That a recommendation be made for the establishment of a new departmental operating regulation.

   C. The original 6.5.1 HIPAA Complaint Form shall be placed in the patient’s medical record.
   D. The facility must refrain from any retaliatory acts against any individual for exercising their right under the privacy regulations.

RETENTION PERIOD
The 6.5.1 HIPAA Complaint Form must be retained for six (6) years from the date of its creation.

SANCTIONS
Failure of staff to comply with or ensure compliance of this policy will result in disciplinary action up to and including dismissal.