

HIPAA COW
PATIENT/INSURED PRIVACY-RELATED COMPLAINTS POLICY

Disclaimer

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Preemption Issues Section 51.61 Wis. Stats. covering mental health and substance patients in private hospitals or public general hospitals states that grievance procedures must include protections against the application of sanctions against any complainant or any person, including an employee of the department, county department under s. 51.42 or 51.437 or service provider who assists a complainant in filing a grievance.

Section 631.28(1) Wis. Stats. covering insurers states that every insurer shall provide notice to its policyholders and its insureds of the right to file a complaint with the Office of the Commissioner of Insurance in the manner prescribed by rules promulgated under 631.28(2).

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Policy

Company XYZ (the covered entity) shall provide a process for the patient or insured individual (or legal representative) to file a complaint if he or she feels his or her privacy rights have been violated. The patient/insured individual may also file a complaint concerning Company XYZ’s privacy policies and procedures, even without alleging a violation of rights.

Company XYZ shall designate a contact person or office responsible for receiving complaints and shall establish a process for receiving, investigating, and responding to patient/insured individual complaints (e.g., Privacy Officer or designee). The complaint process shall be described in Company XYZ’s Notice of Privacy Practices. Company XYZ also recognizes the patient’s right to file a complaint with the Department of Health and Human Services. Company XYZ shall cooperate with any Department of Health and Human Services- Office for Civil Rights investigation of the patient’s complaint.

Any intimidation of or retaliation against patients\insured individuals, families, friends, or other participants in the complaint process is prohibited. Employees who violate this policy are subject to disciplinary action, up to and including termination.

If the patient's/insured individual's rights have been violated, employees who violated those rights are subject to disciplinary action, up to and including termination. Company XYZ shall mitigate, to the extent feasible, any known harmful effects of the violation.

Procedures

(EXAMPLES ONLY)

A. Filing a Complaint

1. A patient/insured individual may call, e-mail, write, or present in person to the Privacy Officer or designee with the alleged privacy violation or complaint.
2. The Privacy Officer or designee will summarize the complaint on the Patient/Insured Individual Complaint Report Form (see sample below).

B. Investigation of Complaint

- The Privacy Officer or designee will facilitate the internal investigation of the complaint.

C. Response to Complaint

1. A written response will be provided to the patient within the appropriate time based on policy or regulation.
2. A written summary of the complaint and action taken will be maintained by the Privacy Officer or designee.
3. If it determined that there has been an unauthorized use or disclosure of patient protected health information (breach), the Privacy Officer will complete a risk assessment and determine the need to notify the patient and the Office of Civil Rights of the breach.

D. Translators, interpreters, and readers who meet the communication needs of the patient/insured individual may be provided during the complaint process.

E. Patients/insured individuals are permitted to have a representative of their choice to represent their interests during the complaint process.

F. Occurrences representing potential liability claims may be referred to Risk Management (ext. XXXX) or the Organization's leadership (ext. XXXX).

G. Patients who request an outside agency to review their complaint may contact the Secretary of the Department of Health and Human Services at 200 Independence Avenue, S.W.; Washington, DC 20201, or reach the Secretary by phone at (202) 690-7000.

(REQUIRED)

H. Documentation

1. All complaints received must be documented.
2. All complaint dispositions must be documented.
3. The documentation must be retained for six years.

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Version History

Current Version: 10/27/2023

Prepared by:	Reviewed by:	Content Changed:
Anita Patterson, CHCO, CSSA; Methodist Health System Tammy Weber, Family Health Center of Marshfield, Inc	Chrisann Lemery, MSE, RHIA, CHPS, FAHIMA; Advocate Health, Co-Chair Privacy Networking Group Becky Kilen-Carter, MS, RHIA, CHPS; Gundersen Health System, Co-Chair Privacy Networking Group	

Previous Versions:

Date:	Prepared by:	Reviewed by:	Content Changed:
5/18/17	Nancy Davis, MS, RHIA, CHPS; Door County Medical Center Chrisann Lemery, MS, RHIA, CHPS; Mercy Care Health Plans	N/A Privacy Networking Group	<ul style="list-style-type: none"> • Changed the scope to include “insured individuals” for health plans. • Added reference for Breach Reporting. • Revised complaint form.

Original Version: 7/9/02

Prepared by:	Reviewed by:
Mary Evans	Julianne Dwyer

Summary of Investigation:

RESPONSE

Respondent: _____ **Date:** _____ **Time:** _____

Method of Response: In Person Telephone Mail

Detail of Response: (Attach if Written)
