

Policy and Procedure on the Handling of Privacy Complaints

Cardiac Surgery Associates, SC

Date: April 14, 2003

Authority: Executive Management Committee, Drs. Bakhos, Blakeman, Bonilla, and Foy; M. Budzynski

Responsibility: Chief Financial Officer or Controller

Purpose:

The purpose of this policy is to comply with the privacy requirements of the Health Insurance Portability and Accountability Act (HIPAA) and to afford our patients the right to file complaints, have the complaint investigated and, if appropriate, receive the disposition of the complaint pursuant to the HIPAA privacy rules and our implementing policies and procedures.

General Policy:

It is our policy to keep a record of all complaints and to investigate all valid complaints to determine the circumstances surrounding any concerns our patients raise regarding privacy. If a patient's privacy rights have been infringed upon in any way, or there is evidence that our staff or associates have not adhered to the privacy standards or our policies and procedures, we will take actions consistent with the HIPAA regulations and our Policy and Procedure on Personnel Discipline for Breach of Privacy or Confidentiality and document these actions accordingly.

The HIPAA privacy regulations give all individuals the right to file complaints to Cardiac Surgery Associates, SC and the Office of the Secretary in the Federal Department of Health and Human Services.

Under no circumstances will the fact that an individual has filed a complaint affect the services provided to that individual. Any staff found to be treating any individual differently in light of a complaint will be sanctioned. Any retaliation is prohibited by law.

Procedure:

1. Patients may file privacy complaints by submitting them, in writing, in one of the following ways:

- a. In person, on our Privacy Complaint Form;
- b. By mail, either on our Privacy Complaint Form or in a letter containing the necessary information specified below. All requests should be mailed to:

c/o Chief Financial Officer
Cardiac Surgery Associates, S.C.
900 S. Frontage Rd.
Ste. 110
Woodridge, IL 60517

- c. By facsimile machine at (630) 985-0117.

All privacy complaints should be directed to the Chief Financial Officer or Controller.

The complaint must describe the privacy concern in as much detail as possible including when the infraction of the standards or mishandling of protected health information was believed to have occurred, and who, if known, was believed to have acted inappropriately with respect to protected health information or an individual's privacy rights. The complaint must include the following information:

- a. The type of infraction the complaint involves (ie. inappropriate handling of PHI, appropriateness of privacy policies and processes);
- b. A detailed description of the privacy issue;
- c. The date the incident or problem occurred, if applicable;
- d. The mailing address to which a formal response to the complaint may be sent.

2. When a privacy complaint is filed by a patient:

a. Validate the complaint with the individual. If the complaint is received by mail, phone, fax or email call existing contact phone number and ask to speak with the patient to confirm the complaint. If the complaint is made in person request confirmation of identity, if needed, and validate the facts of the complaint.

b. If the complaint appears to be a misunderstanding of the requirements or your policies and procedures, contact the patient and determine if, based on a more in depth discussion of the concern, the individual still wants to file a complaint. Be as courteous as possible. **UNDER NO CIRCUMSTANCES SHOULD A PATIENT FEEL PRESSURED OR COERCED EVEN IF YOU BELIEVE THEY ARE STILL MISUNDERSTANDING THE RULES OR POLICIES.** If the individual does not want to pursue the complaint any further indicate "**no further action required based on clearer understanding**", record the date and time, and file under dismissed complaints.

c. Once validated and if not dismissed, log the complaint by placing a copy of the complaint form in the complaint file and the patient's medical record.

d. Investigate the complaint by reviewing the circumstances with the relevant staff and reviewing any audit and monitoring logs that may have relevance to the complaint. If the complaint involves any issues with an individual's rights that have attendant documentation e.g., consent or authorization processes or confidential requests, pull all relevant forms. Complete the complaint investigation section of the complaint form with a summary of your findings.

e. If you determine the complaint is invalid, draft a letter stating the reasons the complaint was found invalid. Initially letters should be reviewed by an impartial, knowledgeable staff person or lawyer for tone and rationale. Standard letters will likely emerge over time. File a copy of the letter and form in the investigated complaints file.

f. If you are uncertain about your findings get a second opinion from your HIPAA privacy committee or your lawyer.

g. If you determine the complaint is valid and linked to a required process or an individual's rights follow your office sanction policy to the extent that an individual is responsible. If the complaint involves your office's compliance with the standards that do not involve a single individual e.g., policies and procedures themselves versus adherence to them, then begin the process to revise your current policies and procedures.

h. Once an appropriate sanction or action has been taken with respect to a complaint with merit, or if the response will take more than 30 days, draft a letter explaining the findings and the associated response or intended response. Use the same review

process as for the invalid complaint letter in e. Document the disposition of complaint on the complaint form and file the letter and form in the investigated complaints file.

i. Place a copy of the Complaint Form in the patient's medical record.

Cardiac Surgery Associates, SC
900 S. Frontage Rd.
Ste. #110
Woodridge, IL 60517
6309103849

Privacy Complaint Form

I, _____ (Print Name), am registering a formal complaint regarding Cardiac Surgery Associates, SC.

The complaint involves:

Appropriateness of Cardiac Surgery Associates, SC's privacy policies and processes.

My privacy rights to notice, consent, authorization, access, amend, request restrictions, confidential communications or accounting of disclosures.

Inappropriate handling of protected health information.

Other

A detailed description of the privacy issue involved in the complaint is provided below:

The incident or problem occurred on _____ (month/day/year), if applicable.

I can be reached at _____ (please provide a day time number).

X _____ **DATE:** _____
PATIENT SIGNATURE

Please use the following mailing address for a formal response to this complaint.

PRINT MAILING ADDRESS:

Print City: _____ State: _____ Zip Code: _____

If you would like to follow up on the status of your complaint, please contact:

X

(630) 985-0036

Printed Name of Chief Financial Officer or
Controller

For Office Use Only	Dismissed	Investigated	Invalid	Has Merit
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Summary of investigation:

Response to complaints with merit:

Staff involved in review:

NAME: _____

DATE: _____

NAME: _____

DATE: _____

NAME: _____

DATE: _____