

Title:	Privacy Complaints Procedure	Page 1 of 3
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Department:	Organization-Wide Procedure	Procedure #EC-016
Reference Policy:	Privacy Rule Administration Commitments Policy	Reference Policy #EC-014
Approved By:	Consortium Executive Team	Effective Date: 8/17/2018
Policy Owner:	Chief Ethics and Compliance Officer	Last Reviewed: 8/17/2018

**1. Purpose:**

To provide a process for individuals to lodge a complaint regarding the privacy or security of protected health information (PHI) at Alaska Native Tribal Health Consortium (ANTHC) and any related policies, procedures, and processes, in accordance with the Privacy Rule 45 CFR §164.530.

**2. Scope:**

All members of the ANTHC workforce, patients, and visitors to the ANTHC campus and off campus worksites.

**3. Procedure:**

3.1. Complaints.

- 3.1.1. ANTHC's Privacy Officer manages complaints about health information privacy and security. Members of the workforce should direct these complaints to the appropriate compliance department.
- 3.1.2. A patient may file a complaint in person, telephonically by calling the compliance department or the compliance hotline, or in writing.
- 3.1.3. Patients also have a right to submit a complaint to the Secretary of the Department of Health and Human Services (HHS) and/or the Office of Civil Rights (OCR). Patients are informed of this option and may be directed to the Office of Civil Rights website ([www.hhs.gov/ocr/hipaa](http://www.hhs.gov/ocr/hipaa)) or other sources for further information or instructions.

- 3.2. Complaint Documentation and Investigation. The Privacy Officer documents each complaint, including a brief description, and investigates whether PHI was used, accessed, or disclosed in an improper manner.
- 3.3. Resolution. Based on the investigation results, the Privacy Officer determines an appropriate resolution for each complaint. The investigation materials and a description of actions taken to resolve the complaint will be documented. If a violation occurred, the Privacy Officer will consult with:
- 3.3.1. the Human Resources (HR) department to determine what sanctions, if any, will be imposed on involved employees; and/or
- 3.3.2. the Office of Legal Affairs to provide consultation and advice related to the Business Associate Agreement (BAA) relationship and notification, if a business associate was involved or is affected.
- 3.4. Notification. The Privacy Officer notifies the patient submitting the complaint of the results of the investigation. If a reportable breach occurred, notification must be provided in accordance with the *Breach Notification Rule Board Policy*.
- 3.5. Non-Retaliation for Filing a Complaint. ANTHC will not intimidate, threaten, coerce, discriminate, penalize, or take other retaliatory action against a patient who exercises a patient right or participates in a process governed by the HIPAA Privacy Regulations. This prohibition also applies to:
- 3.5.1. complaints filed with the Secretary of HHS;
- 3.5.2. testifying, assisting, or participating in an investigation, compliance review, proceeding, or hearing arising under the HIPAA Privacy Regulations; or
- 3.5.3. opposing any act or practice of ANTHC or Alaska Native Medical Center (ANMC), provided the individual or patient, as appropriate, has a good faith belief the practice opposed is unlawful, and the manner of opposition is reasonable and does not disclose PHI in violation of the HIPAA Privacy Regulations.

- 3.6. No Waiver. No patient or individual will be asked to waive any patient rights, including the right to file a complaint about the use or disclosure of PHI.

References:

- 1) *Breach Notification Rule Board Policy*