

SECTION – MEDICAL/NURSING SERVICES
ADMINISTRATIVE DIRECTIVE NO. 587
(Replaces A.D. No. 587 dated 5/2/06)

Effective Date: March 8, 2007

SUBJECT: HEALTH INFORMATION PRIVACY COMPLAINT PROCESS

I. PURPOSE

To define the process used to protect identifiable health information and the process to be followed if there is a suspected breach of confidentiality.

II. AUTHORITY

45 CFR 160.306 Health Insurance Portability and Accountability Act of 1996 (HIPAA).

III. POLICY

Staff of Coalinga State Hospital (CSH) may share/disclose Protected Health Information (PHI) as necessary for treatment, payment, and health operations. Staff is to reasonably safeguard PHI from any intentional or unintentional use or disclosure that is in violation of the standards, and will be trained to recognize circumstances under which PHI may or may not be disclosed without a signed patient authorization. Suspected violations regarding the improper use, disclosure, or disposal of PHI will be addressed through the Health Information Privacy Complaint process.

IV. METHOD

A. CSH will provide all Individuals with a "Notice of Information Privacy Practices" at the time of admission. This notice will inform the Individual about how their PHI is routinely and legitimately used for treatment, payment, and health operations.

B. If an Individual, a member of the workforce, a business associate, or a public person suspects a PHI privacy violation for a reason(s) outlined below, a complaint may be submitted to the hospital's Privacy Officer and/or with the United States Secretary of Health and Human Services.

1. The organization/person has inappropriately disclosed the Individual's PHI.
2. The organization/person has inappropriately used the Individual's PHI.
3. The organization/person has inappropriately disposed of the Individual's PHI.

- 4. The organization's privacy policies and procedures violate HIPAA requirements.
- C. Privacy violation complaints must be filed separately, submitted in writing using Hospital form "HIPAA Privacy and Security Complaint Form" and directed to the CSH Privacy Officer.
- D. CSH has established a Protected Health Information Team (PHI Team) comprised of:

Chairperson: HIPAA Privacy Officer
 HIPAA Security Officer
 Unit Supervisor Representative
 Coordinator of Nursing Services Representative
 Litigation Coordinator
 Health Information Management Director
 HIPAA Coordinator
 Standards Compliance Representative
 HRT II Supervisor

Additional hospital staff will serve as consultants as needed.

- E. The Privacy Officer, with participation of the PHI Team, will document and track actions of suspected privacy violation complaints. The Privacy Officer will maintain these records. Suspected privacy violation complaints will not be filed in the Medical Record. Minimum retention period: Seven years after the last contact with the Individual.
- F. Whistleblower protections under HIPAA exist. The staff of CSH may not intimidate, threaten, coerce, discriminate against, or take other retaliatory action against any Individual for filing a privacy violation complaint.
- G. Timeframes, as outlined below, will be followed for investigating privacy complaints, responding to Individuals involved, and taking correction action(s) when indicated.
 - 1. PHI Team will meet on a regular basis to review, evaluate, and address HIPAA related concerns, including privacy violation complaints.
 - 2. The complainant will be notified of resolution, if any, within 60 days of receipt of the complaint by the Privacy Officer.
 - 3. Corrective actions(s), if required due to a privacy law violation, will be followed-up within 90-days of evaluation.
 - 4. The complainant must submit privacy complaints directed to the U.S. Department of Health and Human Services within 180 days of recognizing the suspected violation.

- H. At the direction of the PHI Team, hospital staff will mitigate, to the extent practicable, any harmful effect(s) that become known as the result of use/disclosure of protected health information in violation of its policies and procedures.
- I. CSH is required to have and apply appropriate sanctions against members of its workforce who fail to comply with the privacy policies and procedures.



W. T. VOSS
Executive Director

Cross Reference(s):

A.D. No. 606 Complaint Procedure, Individuals

A.D. No. 584 HIPAA Health Information Privacy and Security Program