

**THE TEXAS A&M UNIVERSITY SYSTEM
HEALTH SCIENCE CENTER INTERNAL POLICIES**

16.99.99.Z0.22

Privacy Complaint Process Internal Policy

Approved January 26, 2011

1. GENERAL/OVERVIEW

This policy applies to TAMHSC health care providers, its participating physicians and clinicians, employees and business units who provide management, administrative, financial, legal, and operational support to or on behalf of the health care provider and has been designated as a member of the TAMHSC Health Care Component. This policy pertains to protected health information covered by the TAMHSC Health Care Component's Notice of Privacy Practices.

2. INTERNAL POLICY/RESPONSIBILITIES

Under the Privacy Standards, a patient may file a complaintⁱ with the facility, as well as with the Secretary of the U.S. Department of Health and Human Services. The purpose of these complaint mechanisms is to instill a measure of accountability. The facility has a complaint process in place that will be utilized to handle privacy complaints.

3. PROCESS

- 3.1 The person or office that handles the privacy complaints is: TAMHSC Privacy Officer, TAMHSC Health Care Component Privacy Official or his or her designee.
- 3.2 All complaints should be documented by completing **APPENDIX A**. The information gathered should include the following:
 - 3.2.1 Name of the Complainant;
 - 3.2.2 Date the complaint was filed;
 - 3.2.3 Date and time of the incident (if applicable);
 - 3.2.4 Location;
 - 3.2.5 Names of any members of the workforce who were involved;
 - 3.2.6 Name of physician or clinician that was involved; and,
 - 3.2.7 Short summary of the dispute.

- 3.3 Receipt of a complaint must be acknowledged in writing by the TAMHSC Privacy Officer or TAMHSC Health Care Component Clinic Privacy Official. (**APPENDIX B**).
- 3.4 The TAMHSC Privacy Officer or TAMHSC Health Care Component Clinic Privacy Official will develop and maintain an investigation/disposition report (**APPENDIX C**) for at least six (6) years that identifies any privacy deficiencies discovered in the investigation and the steps taken.
- 3.4.1 The TAMHSC Health Care Component Clinic Privacy Official will send a report regarding the disposition of the investigation to the TAMHSC Privacy Officer and to the complainant.
- 3.4.2 Documentation shall be maintained by the TAMHSC Privacy Officer and the TAMHSC Health Care Component Privacy Official.
- 3.4.3 Should a complaint against a workforce member or physician be found to be valid, the disposition of such complaint will be consistent with TAMHSC Health Care Component's Sanction Policy.

4. VIOLATIONS

The Privacy Officer has general responsibility for implementation of this policy. Employees who violate this policy will be subject to disciplinary action up to and including termination of employment. Anyone who knows or has reason to believe that another person has violated this policy should report the matter promptly to his or her supervisor or the Privacy Officer. All reported matters will be investigated, and, where appropriate, steps will be taken to remedy the situation. Where possible, every effort will be made to handle the reported matter confidentially. Any attempt to retaliate against a person for reporting a violation of this policy will itself be considered a violation of this policy that may result in disciplinary action up to and including termination of employment.

OFFICE OF RESPONSIBILITY

Vice President of Finance and Administration

¹HIPAA Code:164.530(d)(1)

Appendix A

TAMHSC Privacy Complaint Intake Form

NAME OF COMPLAINANT:
DATE AND TIME OF COMPLAINT:
DATE AND TIME OF INCIDENT:
LOCATION:
PERSONS INVOLVED:
NATURE OF BREACH:

APPENDIX B

[Date]
[Jane Doe]
[Street Address 1]
[Street Address 2]
[City, State, Zip Code]

Re: Privacy Complaint

Dear [Ms. Doe]

This letter is to notify you that we have received your privacy complaint which we received from you on [Date]. Your complaint will be investigated and you will be notified regarding the disposition of the investigation.

As always, we are committed to helping you assure that the information about you is kept accurate. Please contact the TAMHSC Health Care Provider Clinic Privacy Official or the TAMHSC Privacy Officer if you need additional assistance. Thank you for your assistance and patience in helping us achieve this goal.

[TAMHSC Health Care Provider]

[Privacy Official or Designee]

[Street Address]

[City, State, Zip Code]

[Phone Number]

Regards,

[TAMHSC Health Care Provider
Privacy Official]

APPENDIX C

TAMHSC

Privacy Complaint Investigation & Disposition Report

NATURE OF THE COMPLAINT:
HARM TO THE PATIENT:
STATEMENT BY SUSPECT AND WITNESSES:
PERSON(S) NOTIFIED:
IDENTIFIED PRIVACY DEFICIENCY:
LEVEL OF OFFENSE: ⌚ Level 1 – A single designated person can resolve the issue in a short amount of time. ⌚ Level 2 – The incident requires the attention of other staff. ⌚ Level 3 – This is a serious security incident requiring an organized response team.
DETERMINATION AS TO HOW THE ACCIDENT COULD HAVE BEEN PREVENTED:
DETERMINATION AS TO THE APPROPRIATE CORRECTIVE ACTION: