

GREATER COLUMBIA BEHAVIORAL HEALTH Policies and Procedures

Category: Privacy and Security
Approved On: 03/27/2003
Approved By: The Board of Directors
Revised: 00/00/00
Effective Date: 15 days from approval/ the last revision

No: PS615.00

Title: HIPAA Complaint Procedure

I. Purpose:

GCBH, in an effort to be compliant with the Privacy Rules of HIPAA's Administrative Simplification provisions, sets out in this procedure, the process for complaints regarding privacy.

II. Procedure:

- A. GCBH will have designated individuals to receive and be responsible for the following complaints about privacy:
 - 1. Policies and procedures required by Privacy Rule,
 - 2. Compliance with policies and procedures, and
 - 3. Compliance with the privacy rule.
- B. The GCBH Privacy Notice will inform individuals that they have the right to complain about GCBH's privacy practices. The Notice, in addition to informing consumers of their rights will also list contact information to where complaints should be directed. This contact may be the same for other types of consumer complaints and grievances.
- C. Privacy complaints must:
 - 1. Be filed in writing, either on paper or electronically, dated and signed by the individual making the complaint.
 - 2. Name the entity that is the subject of the complaint and describe acts or omissions believed to be in violation of HIPAA regulations.

3. Be filed with 180 days of when the complainant knew, or should have known, that the act or omission complained of occurred – unless the time limit is waived by the Secretary of Health and Human Services for good cause shown.
- D. The procedure for processing consumer complaints in regards to privacy will be done in a manner similar to other complaints and grievances (See GCBH Resolution of Complaints, Appeals and Grievances). In addition, designated individuals will:
1. Retain the original copy of privacy complaint.
 2. Inform consumers at the time of the complaint of their right to complain directly to the Secretary of Health and Human Services and provide the contact information.
 3. As needed, enlist the assistance of the Privacy Officer in the investigation of a complaint that is determined related to compliance with the privacy rule.
 4. Inform the Privacy Officer on a monthly basis the number of complaints regarding privacy. Make available as requested, copies of those complaints regarding privacy to the Privacy Officer; and
 5. Submit a summary report of activity to the Quality Management Oversight Committee on a semi-annual basis.

III. Other Related GCBH Policies:

A. HIPAA Policies:

1. Confidentiality, Use and Disclosure of PHI
2. Consumer PHI Rights
3. Designated Record Set
4. Sanction Policy
5. Privacy Officer Job Responsibilities
6. Resolution of Complaint and Grievances

IV. Scheduled Review of this Policy:

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The review of the GCBH policies and procedures manual is on a two year cycle. The GCBH policy review and revision approval process is a three month process. This policy is scheduled to be reviewed every second year:

- A. by GCBH staff by April of odd years,
- B. by the Regional Advisory Board (RAB) by May of odd years,
- C. by the GCBH Board of Directors by June of odd years, and
- D. outside of the schedule if required.