



Policy and Procedure: HIPAA/HITECH Compliance
Topic: Complaint Processing

Policy Purpose:

The purpose of this policy is to provide guidance for the handling of privacy complaints.

Policy Description:

It is the policy of **Saratoga Bridges** that all complaints regarding actual or potential violations of an individual's privacy rights will be referred to the Privacy Officer for investigation, follow-up, and corrective action.

Actions To Be Taken For All Complaints

FOLLOW THIS PROCEDURE EXACTLY AS IT IS WRITTEN. IF, FOR ANY REASON, YOU CANNOT PERFORM EACH OF THESE STEPS AS DIRECTED, CONTACT THE PRIVACY OFFICER BEFORE CONTINUING.

1. Staff will inform his/her supervisor immediately whenever he/she receives a privacy complaint from an individual or the individual's personal representative. The supervisor will immediately report the complaint to the Privacy Officer by phone and include, at a minimum:
 - the name of the complainant;
 - the date and time of the complaint; and
 - the name of the staff member who received the complaint.

If the complaint is made in person to the supervisor, he/she will request that the complainant complete a Complaint Form.

2. In addition to these reporting steps, within 7 working days after receiving the complaint, the supervisor will send a written memo to the Privacy Officer to document the fact that a complaint was made. If the complaint was made in person and the complainant completed a Complaint Form, the Form will be forwarded to the Privacy Officer.
3. The Privacy Officer will contact the individual making the complaint within 7 working days of receiving the initial notice from the staff. The most efficient and immediate means available, preferably verbally by telephone, will be used to contact the individual. The date and time of his/her response will be documented. If a voice mail is left, the Privacy Officer will continue to pursue direct communication until it occurs.



The Privacy Officer will request that the individual complete the Complaint Form (if the original complaint was verbal or written in non-standard format). This form can be mailed to the individual after the initial conversation. If the individual refuses to complete the Complaint Form, the Privacy Officer will complete the Complaint Form and note the refusal on the form.

4. The Privacy Officer will file the completed Complaint Form in the individual's Designated Record file and not as part of the individual's clinical record.

Actions To Be Taken When No Compliance Violation Is Found

THIS PROCEDURE MUST BE FOLLOWED EXACTLY AS IT IS WRITTEN.

1. If the Privacy Officer determines that there has been no violation of Saratoga Bridges privacy policies, the finding will be documented on the complaint form. (*IMPORTANT: If, in the course of investigating the privacy complaint, the Privacy Officer determines that the complaint is related to clinical or medical care or a reportable incident, the situation will be immediately reported to the Executive Director and Saratoga Bridges professional liability carrier, if applicable, as an incident.*)
2. The Privacy Officer will meet with the individual and explain the findings; the individual will be provided with a written record of the complaint resolution.
3. The Privacy Officer will document the complainant's response (whether they are satisfied or dissatisfied with the disposition of the complaint) on the Complaint Form.
4. If the individual is dissatisfied with the disposition of his or her complaint, the Privacy Officer will refer the matter to:
 - Saratoga Bridges professional liability carrier as part of their early warning program;
 - Saratoga Bridges legal counsel for compliance related matters; and
 - The Executive Director.

Actions To Be Taken When A Compliance Violation Is Found

THIS PROCEDURE MUST BE FOLLOWED EXACTLY AS IT IS WRITTEN.

1. If the Privacy Officer determines that a violation of Saratoga Bridges privacy policies has occurred, this fact will be documented on the Complaint Form.



2. The Privacy Officer will meet with the Executive Director and appropriate Program Director(s) within 7 working days to review the violation and develop a remediation plan. The Privacy Officer will document the remediation steps on the Complaint Form and the action plan established to complete them. The Privacy Officer will advise the appropriate workforce members or other persons (if any) who bear responsibility for privacy policy violations and confer with the Executive Director/designee and appropriate Program Director(s) to impose the appropriate disciplinary measures on responsible personnel. *(IMPORTANT: If, in the course of investigating the privacy complaint, the Privacy Officer determines that the complaint is related to clinical or medical care or a reportable incident, the situation will be immediately reported to the Executive Director and Saratoga Bridges professional liability carrier as an incident, if applicable.)*
3. The Privacy Officer will meet with the individual and explain the findings; the individual will be provided with a written record of the complaint resolution.
4. The Privacy Officer will document the complainant's response (whether they are satisfied or dissatisfied with the disposition of the complaint) on the Complaint Form.
5. If the individual is dissatisfied with the disposition of his or her complaint, the Privacy Officer will report this matter to:
 - Saratoga Bridges professional liability carrier as part of their early warning program;
 - Saratoga Bridges legal counsel for compliance related matters; and
 - The Executive Director/designee
6. The Privacy Officer will report to the Executive Director/designee on a weekly basis to report the status of the remediation plan until all corrective activities have been accomplished.

Appendices:

- Complaint Form
- Response to Complaint Form
- Complaint Tracking Information Form



Complaint Form

Saratoga Bridges
16 Saratoga Bridges Blvd, Ballston Spa, NY 12020

Privacy Officer: (Name) _____
Phone: _____

As required by the Health Information Portability and Accountability Act (HIPAA), you have a right to complain about our privacy policies, procedures, or actions. Saratoga Bridges will not engage in any discriminatory or other retaliatory behavior against you because of this complaint. Please be as thorough and forthright as possible, and return this form to our Privacy Officer listed above.

Please complete the sections below:

Name:
Address:
Phone:
E-mail Address:
What is the best way to reach you?
What are the best hours to reach you?

Details of your complaint: *(Please be as specific as possible with dates, times, and the specific policy, procedure, or action taken; include the names, if any, of anyone in Saratoga Bridges with whom you discussed this. Use the other side of this form if you need more room. Attach any documents that you believe pertain to this complaint.)*



___ Documents are attached (describe below):

Signed: _____ Date: _____

Print Name: _____ Telephone: _____

If not signed by the individual, please indicate:

Relationship:

- Parent or guardian of individual
- Health Care Proxy or Agent
- Beneficiary or personal representative of deceased individual
- Other (specify)

Name of Individual: _____



Response to Complaint

Saratoga Bridges
16 Saratoga Bridges Blvd, Ballston Spa, NY 12020
Privacy Officer: (Name) _____
Phone: _____

Dear _____:

Action on your complaint, dated _____ (attached) has been completed.

We have investigated your concern and have concluded the following:
Findings:

We have taken the following steps to reduce any harm you may have suffered:

We have taken the following steps to reduce the likelihood this will happen again:

Sincerely,

Print name

Date

NOTE: *If you believe your rights have been violated, you may file a complaint **with Saratoga Bridges** or with the Secretary of the Department of Health and Human Services. All complaints with Saratoga Bridges must be submitted in writing to our Privacy Officer at the address listed at the top of this form. You will not be penalized for filing a complaint.*



Complaint Tracking Information

Name of Individual: _____

Address: _____

Program: _____

For Office Use Only:

Date received:	Processed by:
Review Date:	Response Date:
Complainant Follow-up: <input type="checkbox"/> Yes <input type="checkbox"/> No	Date of Follow-up:

Reviewer's Comments: (Sign and date each comment)

Action Taken: (Sign and date each activity)
