

UNIVERSITY OF WYOMING

HIPAA POLICY 4.7

COMPLAINTS

- I. **PURPOSE:** The purpose of this policy is to set forth the process by which a patient or other persons, including employees of the UW Covered Component, may make a complaint regarding a UW Covered Component's HIPAA policies, procedures or processes. Patients or employees of the UW Covered Component who believe that the University of Wyoming's privacy policies and procedures, or implementation thereof, are not in conformance with HIPAA are encouraged to bring their complaints to the attention of the University of Wyoming following the procedures and process set forth below.

- II. **INDIVIDUALS OR THEIR FAMILY MEMBERS REPORTING PRIVACY COMPLAINTS OR CONCERNS**
 - a. Individuals, or family members of an individual, who wish to report a complaint or concern relating to HIPAA may report their complaint or concern in writing to the UW Covered Component's Privacy Officer as listed in the Notice of Privacy Practices.
 - b. Individuals, or their family members, may also report a complaint directly to the Secretary of the Department of Health and Human Services. Neither individuals nor their family will be penalized by the UW Covered Component for reporting a complaint or concern.

- III. **FACULTY OR STAFF REPORTING PRIVACY COMPLAINTS OR CONCERNS**
 - a. Faculty or staff who wish to report a complaint or concern relating to HIPAA may report their complaint or concern in writing to the UW Covered Component's Privacy Officer.
 - b. Faculty or staff who wish to report a complaint or concern may also report a complaint directly to the Secretary of the Department of Health and Human Services. Faculty and staff will not be penalized by the UW Covered Component for reporting a complaint or concern.

- IV. **PROCESS**
 - a. **Complaint:** Each faculty or staff who initially receives a complaint relating to the HIPAA privacy or security policies and procedures must document the complaint/concern. The complaint may be documented on a form approved by the UW Covered Component or in an alternate written form so long as it includes the following:
 - i. Date on which complaint was received;
 - ii. Name of complainant and telephone number and/or email address;
 - iii. Description of the nature of the complaint/concern;
 - iv. Any possible witnesses or relevant documents relating to the complaint;
 - v. The names of anyone who may have improperly been provided with PHI.
 - b. **Submission to UW Covered Component Privacy Officer:** Any oral or written complaints should be submitted to the UW Covered Component's Privacy Officer.
 - c. **Investigation:** The UW Covered Component's Privacy and/or Security Officer will document the date that the complaint was received and then investigate each

- complaint, in conjunction with applicable staff or personnel at the UW Covered Component, the UW Privacy and/or Security Officer and the Office of General Counsel.
- i. The UW Covered Component's Privacy and/or Security Officer shall review and act on the complaint in a timely manner.
 - ii. All UW Covered Component workforce shall cooperate with any investigation relating to a complaint received by the applicable UW Covered Component. The "minimum necessary" standard does not apply to this policy.
 - iii. The UW Covered Component's Privacy and/or Security Officer shall determine what PHI is affected by the complaint and if the PHI was provided to a Business Associate. All necessary steps to mitigate any unauthorized disclosure of PHI will be initiated by the UW Covered Component's Privacy and/or Officer.
- d. **Determination:** The UW Covered Component's Privacy and/or Security Officer shall determine if there is cause to believe that a violation of University privacy operating regulations occurred, and the recommended course of action to be taken.
- i. If no violation has occurred, the complaint and finding will be dated in some manner, the complaint will be considered closed and a written notice of this shall be provided to the patient.
 - ii. If the UW Covered Component's Privacy and/or Officer determines that a violation has occurred, the UW Covered Component's Privacy and/or Security Officer shall be responsible for determining if:
 1. Performance or training need to be improved;
 2. There needs to be a change to the University operating policies/procedures, regulations or creation of a new HIPAA Policy; and/or
 3. The policy violation is to be reported to senior management for possible disciplinary action or sanctions to the individual/s involved with the policy violation.
 - iii. The UW Covered Component's Privacy and/or Security Officer shall notify the appropriate administrators, faculty, staff or students of the action needed.
- e. **Review of the UW Covered Component's Privacy and/or Security Officer's Determination:** If the complaint resolution finds that no violation occurred, then the individual may seek resolution to the UW Privacy Officer.
- i. The individual will request that UW Covered Component's Privacy Officer forward the complaint to the UW Privacy Officer.
 - ii. The UW Privacy Officer will review and act on the complaint in a timely manner,
 - iii. The UW Privacy Officer shall determine one of the following:
 1. That the original determination of the UW Covered Component's Privacy and/or Security Officer is accurate and should stand.
 2. That remediation should occur at the UW Covered Component through increased training, or that a recommendation is made to the UW Covered Component's appointing authority for possible disciplinary action for the individual/s involved in the HIPAA violation.

3. Recommend review and any appropriate changes or additions to UW HIPAA policies and procedures.
 - iv. The original complaint form shall be placed in the patient's medical record or in the UW Covered Component's files relating to HIPAA policies and procedures if the complaint was filed by a staff member or employee of the UW Covered Component.
- V. **DOCUMENTATION:** The UW Covered Component's Privacy Officer shall be responsible for tracking complaints received and documenting both the complaints and the resolutions and/or corrective actions taken relating to the complaint. Documentation shall be retained for a period of 6 years or as required by state or federal law or UW Regulations, whichever is later.
- VI. **REFERENCES/APPLICABLE LAW:**
 - a. 45 C.F.R. Section 164.528

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