



SALISH BHO

HIPAA, 42 CFR PART 2, AND MEDICAID COMPLIANCE STANDARDS POLICIES AND PROCEDURES

Policy Name: COMPLAINT PROCEDURE – HIPAA and 42 CFR Part 2

Policy Number: 5.15

Reference: 45 CFR Parts 160, 162 and 164; 42 CFR Part 2

Effective Date: 5/2005

Revision Date(s): 5/2016

Reviewed Date: 5/2014; 5/2016; 6/2017; 5/2018

Approved by: SBHO Executive Board

CROSS REFERENCES

- Plan: Privacy and Security Policies Maintenance Plan
- Policy: Complaint, Grievance, Appeal and Fair Hearing General Requirements
- Policy: Confidentiality, Use and Disclosure of Protected Health Information
- Policy: Individual Protected Health Information Rights
- Policy: Designated Record Set

PURPOSE

Salish Behavioral Health Organization (SBHO), in an effort to be compliant with the Privacy Rules of 42 CFR Part 2, or Health Information Technology for Economic and Clinical Health 4/27/09 (HITECH) or Health Insurance Portability and Accountability Act (HIPAA) Administrative Simplification provisions, sets out in this procedure, the process for complaints regarding privacy.

PROCEDURE

1. SBHO will have designated individuals to receive and be responsible for the following complaints about privacy:
 - a. Policies and procedures required by Privacy Rule
 - b. Compliance with policies and procedures
 - c. Compliance with the privacy rule
2. The SBHO Privacy Notice will inform individuals that they have the right to complain

about SBHO's privacy practices. The Notice, in addition to informing individuals of their rights, will also list contact information to where complaints should be directed.

This contact may be the same for other types of individual complaints and grievances.

3. Privacy complaints must:
 - a. Be filed in writing, either on paper or electronically, dated and signed by the individual making the complaint.
 - b. Name the entity that is the subject of the complaint and describe acts or omissions believed to be in violation of HIPAA or HITECH or 42 CFR Part 2 regulations.
 - c. Be filed within 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.
4. The procedure for processing individual complaints in regards to privacy will be done in a manner similar to other complaints and grievances (Reference SBHO Complaint, Grievance, Appeal and Fair Hearing General Requirements Policy). In addition, designated individuals will:
 - a. Retain the original copy of privacy complaint.
 - b. Inform individuals 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.
 - c. 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.
 - d. 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
 - e. Submit a summary report of activity to the Quality Management Oversight Committee on a semi-annual basis.

MONITORING

This policy is mandated by contract or statute.

1. This policy will be monitored through use of SBHO:
 - Annual SBHO Provider and Subcontractor Administrative Review
2. If a provider performs below expected standards during the review listed above, a Corrective Action will be required for SBHO approval. Reference SBHO Corrective Action Plan Policy.