

TITLE: PATIENT COMPLAINTS ABOUT USES AND DISCLOSURES OF THEIR PROTECTED HEALTH INFORMATION

POLICY:

In accordance with the Health Insurance Portability and Accountability Act of 1996 (HIPAA), Columbia University Medical Center patients may complain about how Columbia University Medical Center uses and discloses their Protected Health Information (PHI). All patient complaints will be submitted to the HIPAA Privacy Officer for investigation and resolution.

PURPOSE :

The purpose of this policy is to describe the procedure for receiving, documenting, and taking appropriate action on complaints from patients at Columbia University Medical Center about the uses and disclosures of their PHI.

PROCEDURES:

Complaint Process

1. A patient may submit a complaint about the use or disclosure of their PHI to either Columbia University Medical Center or to the Secretary of the Department of Health and Human Services (HHS) and / or the Office for Civil Rights (OCR). All staff that become aware or are informed of a patient privacy issue, question or complaint should contact the Office of HIPAA Compliance.
 - a. If the patient wants to file a formal complaint with Columbia University Medical Center, he/she can submit a completed Privacy Rights Complaint Form to the HIPAA Privacy Officer. The form is available on the CUMC HIPAA website. <http://www.cumc.columbia.edu/hipaa/index.html>
 - b. If the patient requests to file a complaint with the Secretary of HHS, he/she should be directed to and follow the steps provided on the Office for Civil Rights website (www.hhs.gov/ocr/hipaa). Again the patient should be encouraged to contact the HIPAA Compliance Office to address their issue, concern or complaint.

2. **Responsibilities of the Privacy Officer upon receipt of a patient complaint..**
 - . Documentation
The Privacy Officer will document each privacy complaint received including a brief description of the complaint.
 - a. Investigation.
The Privacy Officer will conduct an investigation to determine:
 1. If any PHI was used, accessed or improperly disclosed;
 2. And if the use, access or improper disclosure violates Columbia

University Medical Center's policies and procedures or regulations;

3. If any, privacy practices at Columbia University Medical Center require modification;
4. If a new policy, procedure, or form should be developed or an existing policy, procedure, or form should be revised; and
5. If additional training is required to avoid a repeat violation.

b. Resolution.

1. If the Privacy Officer determines a violation has occurred, Human Resources will be advised to determine what sanctions, if any, will be imposed against the individual(s) responsible for the violation.
2. The Privacy Officer will supplement the initial documentation to include documentation of the investigation and any actions taken in response to the complaint.
3. All documentation relating to a patient's complaint will be maintained for a minimum of six (6) years.
4. If the PHI related to the complaint was created or maintained by a business associate of Columbia University Medical Center, the Privacy Officer will:
 - a. Notify the business associate of the results of the investigation and any required action on the part of the business associate.
 - b. If the results of the investigation are that the business associate misused or improperly disclosed a patient's PHI, this information will be provided to General Counsel to provide consultation and advise related to the BAA relationship.

c. Notification.

The Privacy Officer will notify the patient submitting the complaint of the results of the investigation.

3. **Non-retaliation for filing a complaint.** Columbia University Medical Center will not intimidate, threaten, coerce, discriminate, penalize, or take other retaliatory action against a patient who exercises his/her rights under HIPAA or against any patient who participates in a process governed by the HIPAA Privacy Regulations. This prohibition also applies to:

- a. Individual and/or patient complaints filed with the Secretary of HHS;
- b. Testifying, assisting, or participating in an investigation, compliance review,

proceeding, or hearing arising under the HIPAA Privacy Regulations; or

- c. Opposing any act or practice of Columbia University Medical Center, provided the individual or patient, as appropriate, has a good faith belief that the practice opposed is unlawful, and the manner of opposition is reasonable and does not disclose PHI in violation of the HIPAA Privacy Regulations.
2. **No waiver.** No patient or individual will be asked to waive his/her HIPAA rights, including the right to file a complaint about the use or disclosure of his/her PHI.
3. **Questions.** Questions about filing a patient complaint with Columbia University Medical Center or the Secretary of HHS / OCR should be directed to the Privacy Officer, Office of HIPAA Compliance.
4. **Definitions.**

Protected Health Information (PHI) means information, including demographic information that may identify the patient, that relates to the past, present or future physical or mental health or condition of an individual, the provision of health care to an individual or the past, present or future payment for the provision of health care to an individual and identifies or could reasonably be used to identify the individual.

RESPONSIBILITY: Privacy Officer, Departments

ISSUED:	December 2003
REVIEWED:	October 2007
REVISED:	April 2011