



**TITLE: COMPLAINTS REGARDING PRIVACY AND SECURITY  
POLICIES AND PROCEDURES**

**PURPOSE:** To establish a process for submitting and addressing complaints related to Federal and state Privacy and Security laws and Harris County Hospital District’s Privacy and Security policies and procedures. This policy supports Harris County Hospital District’s (HCHD) Health Insurance Portability and Accountability Act (HIPAA) policy and may require development of department specific procedures.  
[Key Words: Use, Disclosure, Privacy Officer, Authorization, Protected Health Information (PHI), Provider, Administrator, Secretary of DHHS]

**POLICY STATEMENT:**

Pursuant to federal and state Privacy and Security laws, patients, visitors, contractors and employees of Harris County Hospital District may submit allegation(s)/complaint(s) regarding violations of patient confidentiality, information security, or Hospital District Privacy and Security policies and/or procedures to the Office of Privacy Administration. The Office of Privacy Administration and/or the Information Security Office will investigate and address the complaints. HCHD will not threaten, intimidate, discriminate or retaliate against a Person who exercises his/her right to file a complaint to HCHD or the Secretary of the Department of Health and Human Services (DHHS).

**POLICY ELABORATION:**

**I. DEFINITIONS**

- A. **Administrator** – the Chief Executive Officer (CEO), Chief Operating Officer (COO), Chief Financial Officer (CFO), Chief Information Officer (CIO), Vice President (VP), Chief Nursing Officer (CNO), Administrator, Associate Administrators or designated Administrator on-call.
- B. **Business Associate** – a person or entity that provides certain functions, activities or services for or to a covered entity involving the use and/or disclosure of Protected Health Information (PHI).



- C. **Covered Entity** – a health plan, a health care clearinghouse or a health care provider that electronically transmits health information covered by the HIPAA regulations.
- D. **Disclosure** – the release of information outside the facility.
- E. **Electronic Protected Health Information (ePHI)** – protected health information that is created, received, maintained or transmitted by electronic means.
- F. **Individually Identifiable Health Information (IIHI)** – information, including demographic information, that:
  - 1. Is created or received by a healthcare provider, health plan or healthcare clearinghouse; and
  - 2. Relates to the past, present, or future physical or mental 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
    - a. Identifies the individual, or
    - b. There is a reasonable basis to believe the information can be used to identify the individual.
- G. **Person** – an individual who may file a complaint, including a patient, patient’s personal representative, employee, Business Associate, association, group or organization.
- H. **Protected Health Information (PHI)** - Individually Identifiable patient Health Information in any form, including demographic information, that is created or received by a healthcare provider, and relates to the patient’s healthcare condition, provision of health care, or payment for the provision of health care.
- I. **Provider** – the Harris County Hospital District and its workforce.



- J. **Secretary of DHHS** – Secretary of the Department of Health and Human Services
- K. **Use** – with respect to Individually Identifiable Health Information, the sharing, employment, application, utilization, examination or analysis of such information within an entity that maintains such information.
- L. **Workforce** - employees (permanent or temporary), volunteers, trainees and other persons whose conduct, in the performance of work for HCHD, is under the direct control of HCHD, whether or not they are paid by HCHD.

## II. **COMPLAINANT’S RIGHTS:**

Every person has the right to file a complaint with HCHD or the Secretary of DHHS concerning:

- A. HCHD’s Privacy and Security policies and procedures,
- B. HCHD’s compliance with its Privacy and Security policies and procedures, or
- C. HCHD’s compliance with the Federal and state Privacy and Security laws.

## III. **SUBMISSION OF COMPLAINTS TO HCHD:**

- A. Complaints must be submitted to the Privacy Officer or designee. Complainant may be identified or anonymous.
- B. The complaints will be submitted without fear of retaliation:
  - 1. In writing using HCHD’s *Privacy and Security Complaint Form 282015(05/03)*.
  - 2. Orally, in which the Privacy Officer or other designee will complete the applicable portion of HCHD’s *Privacy and Security Complaint Form 282015(05/03)*.



3. By US Mail, addressed to:  
Office of Privacy Administration  
Harris County Hospital District (HCHD)  
PO Box 300033  
Houston, TX 77230-0033
4. By telephone to:
  - a. EthicsLine
    - (1) (800) 500-0333 Telephone
    - (2) (800) 500-0993 Facsimile
  - b. HCHD, Office of Privacy Administration  
(713) 566-6097
5. By Email at [hipaa@hchd.tmc.edu](mailto:hipaa@hchd.tmc.edu)

#### **IV. HCHD'S PROCESS FOR ADDRESSING COMPLAINTS:**

- A. The Privacy Officer, the Security Official or their designees will review and investigate each complaint and determine an appropriate method of resolving the complaint if it is valid.
- B. In resolving the complaint, the Privacy Officer, Security Official or their designees will consider the person's proposed resolution of the complaint, if any, as identified on HCHD's *Privacy and Security Complaint Form 282015(05/03)*.
- C. The Privacy Officer will notify the Person, unless submitted anonymously, in writing regarding the disposition and resolution of the complaint.
- D. If the determination, disposition and/or resolution are unsatisfactory to the Person, the Person may file an appeal with the HCHD Corporate Compliance Office.



**V. DOCUMENTATION OF COMPLAINTS:**

- A. Complaints regarding information privacy and security submitted to HCHD will be documented. The HCHD Office of Privacy Administration or the Information Security Office (whichever department is determined to have jurisdiction for a particular complaint) will document the complaint and any disposition of the complaint within a reasonable time frame.
- B. The HCHD Office of Privacy Administration will retain all documentation related to complaints for six years from the date the document was created or received.

**VI. SUBMISSION OF COMPLAINTS TO THE SECRETARY OF DHHS:**

- A. If a Person desires to file a Privacy complaint with the Secretary of the DHHS, the Person must submit the complaint in writing to the following address:
  - Region VI, Office for Civil Rights
  - U.S. Department of Health and Human Services
  - 1301 Young Street, Suite 1169
  - Dallas, TX 75202
- B. The Person must name HCHD as the subject of the complaint and describe his/her complaint against HCHD.
- C. The complaint must be filed within 180 days of the time the Person knew or should have known that the act or omission complained of occurred, unless the Secretary of DHHS for good cause waives the time limit.
- D. Complaints regarding breaches of the Security regulation must, in addition to the items listed above, also contain contact information for the complainant. These complaints may be filed using the Centers for Medicare and Medicaid Services (CMS) complaint form available at <http://www.cms.hhs.gov>.



1. Security-related complaints submitted on paper to the Secretary must be sent to:  
     U.S. Department of Health and Human Services; 200  
     Independence Avenue, S.W.  
     Washington, D.C. 20201

**VII. SPECIAL CONSIDERATIONS:**

HCHD will investigate all complaints and any other information containing credible evidence that HCHD’s Business Associates violated HCHD’s Privacy and Security policies and procedures, the terms of the Business Associate Agreement or the Federal Privacy and Security requirements. HCHD will resolve all such complaints and act on such information, as appropriate. [See Policy, Mitigation for Patient Privacy Violations Under HIPAA (3.11.103).]

**REFERENCES/BIBLIOGRAPHY:**

Policy 3.11.000, HCHD HIPAA Policy  
Policy 3.11.101, Privacy Officer, Roles and Responsibilities  
Policy 3.11.103, Mitigation for Patient Privacy Violations Under HIPAA

**OFFICE OF PRIMARY RESPONSIBILITY:**

Office of Privacy Administration.

**REVISION HISTORY:**

Record revisions below:

Effective Date	Version	Approved by:
04/14/03	1.0	President & CEO
05/28/05	2.0	President & CEO



**Harris County  
Hospital District**

**Office of Privacy Administration**

2525 Holly Hall  
P.O. Box 300033  
Houston, TX 77230-0033

**PRIVACY AND SECURITY COMPLAINT FORM**

If you have questions about this form, call HCHD Office of Privacy Administration at: 713-566-6097.

Name (Last, First, MI)

Telephone (Home)

Telephone (Work)

Street Address

City

State

Zip

E-Mail Address (If Available)

Are you filing this claim for someone else?  Yes  No

If the complaint is regarding someone else, please provide his/her name (Last, First, MI):

Who (or what HCHD facility) do you believe violated your (or another's) rights for privacy and security of Protected Health Information (PHI), or violated other parts of the Privacy or Security Rule or HCHD Privacy or Security policies?

Person:

Location/Facility:

When do you believe the violation occurred?

How and/or why do you believe your (or another's) privacy and security rights, the Privacy or Security Rule or HCHD Privacy or Security policies were violated? If you are complaining about a HCHD Privacy or Security policy, please use this space.

Please Sign and Date this Complaint

1. Signature

2. Date

Filing a complaint with the HCHD Office of Privacy Administration (OPA) is voluntary. However, without the information requested above, we may be unable to investigate your complaint. We collect this information under the authority of the Privacy and Security Rules issued pursuant to the Health Insurance Portability and Accountability Act of 1996. We will use the information you provide to determine if we have jurisdiction and, if so, how we will process your complaint. Information on this form is treated confidentially. Names or other identifying information about individuals are disclosed when it is necessary for investigation of possible violations regarding PHI, for internal operations and for disclosures required by law. It is illegal for the Hospital District or any other covered entity to intimidate, threaten, coerce, discriminate or retaliate against you for filing this complaint or taking any other action to enforce your rights under the Privacy Rule. Please submit the complaint to the address in the upper right hand corner.