

# ADMINISTRATIVE POLICY MANUAL

## HOME CARE UNLIMITED

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### COMPLAINTS

HH.17

#### Purpose

To ensure that an effective complaint process is in place to deal with privacy violations. The process is to include:

- Identification of a privacy designee who is responsible for receiving complaints.
- A method for documenting receipt of complaints and their resolution.
- Assurance that no individual will be required to waive their rights to file a complaint with the Department of Health and Human Services.

#### Policy

It is the policy of Home Care Unlimited of El Paso to ensure the privacy of Protected Health Information (“PHI”) as well as to ensure that such information is used and disclosed in accordance with all applicable laws and regulations. Any concerned individual has the right to file a formal complaint concerning privacy issues without fear of reprisal. Such issues could include, but are not limited to, allegations that:

- PHI that was used/disclosed improperly;
- Access or amendment rights were wrongfully denied; or
- Home Care Unlimited of El Paso *Notice of Privacy Practices* does not reflect current practices accurately.

#### Procedure

1. All patients or their personal representatives will be notified of their right to complain to Home Care Unlimited of El Paso or the Department of Health and Human Services in Home Care Unlimited *Notice of Privacy Practices*.
2. All concerns may be registered by telephone, mail, or in person.
3. Upon receipt of a complaint about a Facility’s privacy policies or its compliance with those policies or the law, the complaint will be recorded on a *Complaint Log* or *Complaint Regarding Use or*

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*Disclosure of Protected Health Information (“Complaint”)* form. (See sample *Complaint* form and *Complaint Log* following this Policy.)

4. Home Care Unlimited Privacy Official will review the *Complaint* form/log to ensure that the information is complete, and take the necessary steps to get complete information:
  - a. Document the date, time, and name of the person making the complaint in the *Complaint Log*.
  - b. Investigate the complaint.
  - c. Document the resolution of the complaint.
5. Once the *Complaint* form/log is completed correctly, Home Care Unlimited of El Paso Privacy Official will review and investigate the complaint to determine if a violation of the law or Facility policies has occurred.
6. Following this review, Home Care Unlimited of El Paso Privacy Official shall submit his or her findings to the Privacy Officer for final review.

(See sample *Resolution of Complaint Regarding Uses/Disclosures of PHI* form following this Policy.)
7. The Privacy Officer shall determine the substance of the findings and will direct Home Care Unlimited Privacy Official as to the content and method of response:
  - a. Document the resolution of the complaint.
  - b. Communicate the outcome of the complaint with the individual filing the complaint within 30 days from receipt of complaint.
8. Home Care Unlimited of El Paso Privacy Official shall maintain documentation of all complaints received and their disposition for a period of at least six years (from the date of creation) in accordance with federal regulations.

SAMPLE

COMPLAINT REGARDING USES/DISCLOSURES  
OF PROTECTED HEALTH INFORMATION

Tracking Number \_\_\_\_\_

This form is to be used to file a complaint with Home Care Unlimited of El Paso regarding its privacy policies and procedures, and its compliance with those policies and procedures or the federal Privacy Rule.

When this form is complete, please return it to: \_\_\_\_\_

Patient Information	Requester's information (if not the patient)
_____ Name	_____ Name
_____ Location	_____ Relationship to the Customer
_____ Date of Birth	_____ Source of Legal Authority
_____ SSN	_____ Phone Number

Date of incident: \_\_\_\_\_ /or  The practice is ongoing

Time of incident: \_\_\_\_\_ /or  Not applicable

Please describe the practice or incident about which you wish to complain:

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Name & title of person(s) involved, if known: \_\_\_\_\_

Please describe why you believe that this practice or incident was improper:

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Please attach any documentation that supports your complaint to this form.

I certify that the information recorded above is true to the best of my knowledge, and that I have a good faith belief that such practice or incident is a violation of federal laws regarding the handling of a patient's health information or of Home Care Unlimited privacy policies and procedures.

Signature:

Date:

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*SAMPLE*

*RESOLUTION OF COMPLAINT REGARDING USES/DISCLOSURES  
OF PROTECTED HEALTH INFORMATION*

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Person investigating the complaint:

Name \_\_\_\_\_

Location \_\_\_\_\_

Tracking Number: \_\_\_\_\_

Date \_\_\_\_\_

Resolution or Conclusion of investigation:

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Comments:

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Date and Time Resolution Communicated to Individual:

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Approval of Privacy Officer

Name \_\_\_\_\_

Date \_\_\_\_\_

Comments/Instructions:

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*SAMPLE*

*LOG OF INTERNAL COMPLAINTS REGARDING PRIVACY ISSUES*

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DATE RECEIVED	IDENTITY OF INDIVIDUAL MAKING COMPLAINT (IF KNOWN)	PERSON RECEIVING COMPLAINT	NATURE OF COMPLAINT	STEPS TAKEN TO RESOLVE COMPLAINT	DATE OF RESOLUTION	Method Filed	Tracking Number
Example: 04/30/03	Hotline – anonymous	Pam Peters – privacy officer	Computer screens at nursing station not shielded from visitor view	Computer terminals moved to area at nursing station where they cannot be seen by passerby; monitor screen shields installed	05/02/03		

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