

PRIVACY 22.0

RESPONDING TO PATIENT COMPLAINTS AND OTHER PRIVACY-RELATED COMPLAINTS

Scope: All **workforce** members (employees and non-employees), including employed medical staff, management, and others who have direct or indirect access to patient **protected health information (PHI)** created, held or maintained by any subsidiaries of Universal Health Services, Inc., including facilities and UHS of Delaware Inc. (collectively, "UHS"), including UHS **covered entities** ("Facilities").

Purpose: Identifies and establishes the process for patients to submit complaints if they believe their **privacy** has been violated or concerning the Facility's **privacy** policies and procedures, including breach notification issues, and how they are notified about the complaint process.

Definitions:

Terms not defined in this Policy or the *HIPAA Terms and Definitions* maintained by the UHS Compliance Office will have the meaning as defined in any related State or Federal privacy law including the Health Insurance Portability and Accountability Act of 1996, Public Law 104-191 ("HIPAA") and regulations promulgated thereunder by the U.S. Department of Health and Human Services ("HHS") at 45 CFR Part 160 and 164, Subparts A and E ("Privacy Regulations" or "Privacy Rule") and Subparts A and C ("Security Regulations" or "Security Rule"), the Health Information Technology for Economic and Clinical Health Act ("HITECH") privacy and security provisions of the American Recovery and Reinvestment Act (Stimulus Act) for Long Term Care, Public Law 111-5, the American Recovery and Reinvestment Act of 2009 ("ARRA"), Title XIII and related regulations.

Policy:

An individual who believes that their **privacy** rights with respect to **PHI** have been violated has the right to complain to the Facility or to the Secretary of Health and Human Services (the "Secretary"). Facilities will provide a process for individuals to make complaints concerning violations of patient **privacy** rights and/or the Facility HIPAA **privacy** policies and procedures, including **breach** notification issues. Facilities will receive complaints from individuals without threat of retaliation, and will cooperate with the Secretary, if the Secretary undertakes an investigation or compliance review of Facility policies, procedures, or practices.

Procedure:

Notice to Patients

Patients will be notified of their right to file a complaint in the Notice of Privacy Practices that the Facility provides to its patients. The Notice will contain a statement that individuals may complain to the Facility or to the Secretary if they believe their [privacy](#) rights have been violated, a brief description of how the individual may file a complaint with the Facility or the Secretary and a statement that the individual will not be retaliated against for filing a complaint. The Notice of Privacy Practice will designate a person or department for the patient to contact to file a complaint with the Facility, typically either the Privacy Officer or Risk Management department. The Notice of Privacy Practice may also provide the contact information for the toll-free UHS Compliance Hotline. See UHS Privacy 4.0 *Notice of Privacy Practices* and attachments.

Process for Handling Patient Complaints

The initial intake will be handled by the person or department designated in the Facility's Notice of Privacy Practices. The person conducting the initial intake should attempt to obtain the information contained in the attached Patient Complaint Registration Form (Attachment A) (or use a similar form developed by the Facility), and forward a copy of the form to the Facility Privacy Officer. The Facility Privacy Officer or their designee will receive the complaint from the intake individual, handle the investigation, and work with the applicable clinical and risk management departments to respond to the patient. In the event the [privacy](#) concerns are combined with other patient issues, the Privacy Officer will assist in responding to the [privacy](#)-related concerns. All complaints will be addressed in a timely manner with appropriate action and follow up will include informing the person registering the complaint of the resolution, consistent with UHS [privacy](#) policies.

No Retaliation

Facilities will investigate, follow up and resolve, as indicated, patient complaints related to [privacy](#) rights, the Facility's [privacy](#) policies and procedures, and the Facility's compliance with [privacy](#) policies and procedures, without threat or retaliation against the patient or any other individual. The Facility may not intimidate, threaten, coerce, discriminate against or take other retaliatory action against the patient or any other individual for filing a complaint.

Documentation

Facilities must document all complaints received and their disposition, if any. The Facility Privacy Officer will maintain the complaint documentation in written or electronic record for six (6) years.

Cooperation with Secretary

If the Secretary undertakes an investigation or compliance review of the Facility's [privacy](#) policies, procedures, or practices, the Facility Privacy Officer should promptly notify the UHS Compliance Office. The Facility must cooperate with the Secretary, including:

- Permitting access by the Secretary during normal business hours, to its facilities, books, records, accounts, and other sources of information, including PHI, that are pertinent to ascertaining compliance;
- If the Secretary determines that exigent circumstances exist, such as when documents may be hidden or destroyed, the Facility must permit access by the Secretary at any time and without notice;
- Making efforts to obtain information that is in the exclusive possession of any other agency, institution, or person, and documenting these efforts for the Secretary.

References:

45 C.F.R. § 160.316
45 C.F.R. § 164.306
45 C.F.R. § 164.310
45 C.F.R. § 164.520
45 C.F.R. § 164.530

Related UHS Policies:

UHS Privacy 4.0 *Notice of Privacy Practices* and attachments

Revision Dates:	10-12-2017; 11-16-2015; 07-22-2013
Implementation Date:	07-25-2011
Reviewed and Approved by:	UHS Compliance Committee

Section IV: Follow-Up Information

Name of person doing follow-up:	Date:
--	--------------

Section V Disposition

Date	
------	--