Recommended Revision
9/13/04

MOREHOUSE MEDICAL ASSOCIATES

POLICY: COMPLAINT MITIGATION

SUBJECT: HEALTH INFORMATION MANAGEMENT

POLICY #: 0026

EFFECTIVE DATE: September 16, 2003

PURPOSE:

To ensure that all privacy complaints are responded to in accordance with Federal and State law and the Health Insurance Portability and Accountability Act of 1996 (HIPAA). This policy is intended to also provide guidelines for personnel involved in the process of investigating and responding to privacy complaints.

ACCOUNTABILITY:

Under the direction of the Chief Operating Officer, all managers and supervisors shall ensure compliance and implementation of this policy.

POLICY:

1. It is the policy of Morehouse Medical Associates (MMA) to respond to and investigate all complaints regarding privacy-related issues brought forth by patients, visitors, staff, or other internal/external sources.

2. Individuals have the right to file a privacy complaint with the Compliance Office and the Secretary of Health and Human Services. The Morehouse Medical Associates "Notice of Privacy Practices" provides the necessary contact information for making privacy complaints at the local level and with the Secretary of Health and Human Services.

3. At no time will any employee intimidate, threaten, coerce, discriminate against, or take other retaliatory action against an individual, group of individuals, or entity that brings forth a privacy-related complaint or files a privacy-related complaint with the Secretary of Health and Human Services.

PROCEDURE:

1. Investigating/Responding to Privacy Complaints

   a. The Compliance Office, in collaboration with MMA Administration, will investigate all complaints for:
      i. Validity; and
      ii. Possible causes, including:
         (1) Staff error;
         (2) Violation of protocol or operating procedures; or
         (3) Inadequate operating internal controls.

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Investigating/Responding to Privacy Complaints (con't)

b. A copy of all privacy-related complaints should be forwarded immediately to the Director of Risk Management.

c. The Compliance Office will prepare an investigative report of findings and upon completion of the investigation, make recommendations for improvements to operational processes and/or procedures. Employee disciplinary actions will be taken, where appropriate.

d. The investigative report of findings should be forwarded immediately to the Director of Risk Management. The Compliance Office, after collaboration with Risk Management, will communicate in writing, to the complainant, the appropriate response regarding resolutions.

e. Complaints are to be investigated and responded to within thirty (30) days following receipt.

f. If the complaint cannot be resolved within the thirty (30) day period, the Compliance Office will communicate, to the complainant, the status of the investigation and reasons for the delay.

g. If the privacy-related complaint is in response to a violation against a staff member, the Compliance Office will work with MMA Administration and Human Resources to develop a corrective action plan to address the problem.

h. The number and nature of complaints received and investigated will be reported to the Quality Assurance Committee on a regular basis.

i. All documentation of privacy-related complaints will be maintained in the Compliance Office for a minimum of six years.

2. Investigations by Department of Health and Human Services (DHHS)/Office of Civil Rights

a. Morehouse Medical Associates will cooperate to the fullest extent with compliance investigations and/or reviews conducted by the Department of Health and Human Services.

b. If a DHHS complaint is received, it must be forwarded immediately to the Office of Risk Management and to the Compliance Office for investigation.

By Direction of the Dean: _____

Chief Operating Officer