PROCEDURE STATEMENT:
Direction and investigation of all privacy issues is overseen by the Privacy Officer or designee from their receipt through a prompt and thorough investigation and resolution.

PROCEDURE:
1. Any complain regarding the privacy of protected health information ("PHI") is to be made by calling or writing the Health Quest Systems, Inc and its’ affiliates ("HQ") Privacy Officer or designee. Upon receiving the concern, the Privacy Officer or designee is to:
   a. Document the issue in the Disclosure Log within two (2) business days of receipt of disclosure.
   b. Disclosure Log data elements include: date, time, issue of concern, whether anonymous or not, status of internal investigation and corrective action taken in response to investigation.
   c. Upon resolution, the findings are documented with any actions/notifications.
   d. Communicate resolution to reporter within a 60 day period.

2. Any individual, representative, family member, employee, business associate, visitor, or the general public may file a complaint regarding HQ’s privacy practices (e.g. improper Use or Disclosure of PHI, denial of access to PHI, amendment of health records, etc.)

3. Complaints, in writing or by calling, should be submitted to the Privacy Officer or appropriate designee.

4. Upon receiving the complaint, the Privacy Officer or designee will:
   a. Immediately document the complaint in the complaint log.
   b. Document the date, time and name of person making the complaint. Documentation will note if the complainant remains anonymous.
   c. Begin an investigation within ten (10) working days of receipt of the complaint.
d. Document written findings of the investigation in the complaint log within sixty (60) days of receiving the complaint unless an extension is necessary to complete the investigation.

c. Communicate the outcome of the complaint to the identified individual filing the complaint. If the complainant maintained anonymity, document anonymity within the outcome of the complaint in the Complaint Log.

5. The Privacy Officer will regularly communicate metrics regarding the number and types of complaints including any trends and related corrective action measures to the Executive Compliance Committee.

DEFINITIONS:
See HIPAA Glossary

REFERENCES:
CFR 45 §164.530(d)
5.2.05 Direction and Investigation of Privacy Complaints Policy

POLICY HISTORY:
Supersedes: 2/13/2019
Original Implementation Date: 2/27/2014
Date Reviewed: 2/28/2020
Date Revised: 2/27/2014, 2/13/2019, 2/28/2020

APPROVAL:

Procedure Owner

Date