

CAROLINA FAMILY HEALTH CENTERS, INC. PROCEDURE

TITLE: HIPAA-103.01 Privacy Complaint

EFFECTIVE DATE: April 2003

SECTION: HIPAA/PRIVACY

REFERENCE POLICY: HIPAA-103 Privacy Complaint

RESPONSIBLE CHIEF OF STAFF: Chief Compliance Officer

RESPONSIBLE COMMITTEE: Central Compliance Committee

REVIEWED: 5/14, 7/16, 6/17, 12/21/2020, 12/12/2022, 03/09/2026

I. PURPOSE

The purpose of this procedure is to define the process for individuals to file a complaint if they suspect a potential privacy violation or if they feel their privacy rights have been violated.

II. PROCEDURE

Filing a Privacy Complaint.

1. Patients and/or the patient's personal representatives

a. Individuals may file a privacy complaint with Carolina Family Health Centers, Inc. (CFHC, Inc.) in any of the following ways:

- 1) In person, by discussing the complaint with CFHC, Inc.'s Privacy Officer (i.e., Chief Compliance Officer).
- 2) By mail, by a letter containing the information specified below to:
Corina Buzard, Chief Compliance Officer
Carolina Family Health Centers, Inc.
303 Green St. East
Wilson, NC 27893
- 3) By telephone, by contacting CFHC, Inc.'s Privacy Officer at (252) 243-9800 ext. 230.

b. Individuals may file a privacy complaint with the Secretary of the Department of Health and Human Services. Upon request, CFHC, Inc. provides the address and telephone number of the agency designated to receive such complaints. This information is also included in CFHC, Inc.'s Notice of Privacy Practices.

For phone calls or in-person complaints, staff directs the individual to CFHC, Inc.'s Privacy Officer as outlined above. If the Privacy Officer is unavailable, the staff person receiving the complaint obtains the *Incident Report* form from the intranet, completes the form, and forwards it to CFHC, Inc.'s Privacy Officer. Refer to *RM-100.01 Incident Reporting*.

If an email or letter has been received, the staff person forwards the notification to CFHC, Inc.'s Privacy Officer.

2. Employees

- a. As a condition of employment, CFHC, Inc.'s employees are required to report instances of suspect non-compliance, including potential Health Insurance Portability and Accountability Act issues. Such reports may be made:
 - 1) In person, by discussing the incident with CFHC, Inc.'s Privacy Officer
 - 2) By telephone, by contacting CFHC, Inc.'s Privacy Officer at 252-243-9800 ext. 230.
 - 3) Anonymously, by contacting the CFHC, Inc.'s Compliance Hotline at (252) 243-1239.
 - 4) Through submission of an *Incident Report*.

A. Content of a Privacy Complaint. The individual filing the privacy complaint should include as much detail as possible and must include the following information:

- A description of CFHC, Inc.'s use or disclosure believed to be in violation of its privacy practices or applicable law
- The date that the improper use or disclosure occurred, if applicable
- The names, if known, of the persons involved in the improper use or disclosure
- The individual's contact information, including an email or mailing address to which CFHC, Inc.'s Privacy Officer may send a formal response.

All privacy complaints received are documented on an *Incident Report* form and are processed through this procedure. Refer to *RM-100.01 Incident Reporting*.

B. Responding to a Privacy Complaint. CFHC, Inc.'s Privacy Officer is responsible for responding to all privacy complaints received by CFHC, Inc. as follows:

1. Receipt of Privacy Complaints.

- a. CFHC, Inc.'s Privacy Officer records all complaints and documents the complaint on an *Incident Report* if not done so already.
- b. The Privacy Officer confirms receipt of complaints received by mail, phone, fax or email.
- c. If a complaint is submitted anonymously, the Privacy Officer determines whether it is possible to investigate the complaint as described in Section 2(b) of this policy. If there is not enough information to investigate, the complaint is dismissed.

2. Investigating Privacy Complaints.

- a. CFHC, Inc. Privacy Officer is responsible for promptly investigating all complaints. When necessary, CFHC, Inc. may engage legal counsel to lead and/or conduct the investigation.
- b. All complaints are initially reviewed by the Privacy Officer or his/her designee to determine if the complaint is in violation of CFHC, Inc.'s privacy policies, procedures or

other known regulations regarding the protection of PHI. The Privacy Officer follows *RM-101 & RM-101.01 Incident Reporting* to investigate, address and document any privacy complaints.

- c. For investigations of complaints from individuals, CFHC, Inc. informs the individual in writing once the investigation has concluded. CFHC, Inc. may include details of the investigation findings or corrective action plans, depending upon the nature of the incident and findings.
- d. For investigations of complaints from workforce members, CFHC, Inc. may provide either written or verbal feedback upon the completion of the investigation. Such feedback may include details of the investigation findings or corrective action plans, depending upon the nature of the incident and findings.

3. Developing Corrective Action.

The CFHC, Inc. Privacy Officer develops an appropriate corrective action plan, which may include:

- 1) Mitigating the harmful effects of a privacy violation and preventing any recurrence, per CFHC, Inc. policy.
- 2) Sanctioning responsible workforce members, per CFHC, Inc. policy.
- 3) Developing and conducting education and training, per CFHC, Inc. policy.

4. Documentation of Privacy Complaints. CFHC, Inc.'s Privacy Officer is responsible for creating and maintaining documentation of all complaints received and their disposition, if any. Documentation regarding the complaint is maintained with the *Incident Report*. This information is maintained and stored by the Administrative Assistant - Compliance.

C. Identifying a Trend. CFHC, Inc.'s Privacy Officer reviews the Incident Log and related privacy complaint files, including both the dismissed and investigated complaints, to identify emerging patterns.

D. Prohibition on Retaliation. CFHC, Inc. strictly prohibits retaliation against any individual or employee who files a complaint. Anyone who retaliates against an individual or employee will be subject to disciplinary action up to and including termination of employment.