



DEPARTMENT DIRECTOR: _____

ADMINISTRATIVE REP: _____

ADM 179

PRESIDENT AND CEO

INTERDEPARTMENT'S COORDINATION: _____
(To be initialed by coordinating department heads)

PROVIDENCE MEDICAL CENTER AND SAINT JOHN HOSPITAL POLICY

POLICY TITLE: Patient Complaints Related To Protected Health Information – HIPAA

EFFECTIVE DATE: May 2003 REVIEW DATES: 4/05, 3/06, 8/09

REPLACES POLICY NUMBER(S): _____

Policy:

Providence Medical Center and Saint John Hospital collects and maintains protected health information about its patients. The federal HIPAA regulations on patient privacy and confidentiality allow patients the right to file a complaint when a patient feels his/her rights have been violated with respect to their protected health information. In order to protect the privacy and confidentiality of patients' protected health information and to comply with federal law, Providence Medical Center's and Saint John Hospital employees and staff are required to comply with the provisions of this policy.

Applicability:

If a patient believes that Providence Medical Center or Saint John Hospital has violated his/her rights with respect to their protected health information, patients may file a written complaint with Providence Health's Privacy Officer. Patients also may send a written complaint to the Office for Civil Rights, U.S. Department of Health and Human Services, 200 Independence Avenue S.W., Room 515F, HHH Building, Washington, D.C. 20201 within 180 days of an alleged violation. *Patients may not be penalized for filing a complaint about Providence Medical Center's and/or Saint John Hospital privacy practices.*

Definitions:

“Protected Health Information” or “PHI”, means any information (including demographic information collected from an individual), whether oral or recorded in any form or medium, that:

- (i) is created or received by or on behalf of Providence Medical Center or Saint John Hospital;
- (ii) relates to:

- a. the past, present, or future physical or mental health or condition of an individual;
 - b. the provision of health care to an individual; or
 - c. the past, present or future payment for the provision of health care to an individual; and
- (iii) contains any of the following individual identifiers: name; address (including street address, city, county, zip code and equivalent geocodes); all elements of dates (except year) for dates directly related to an individual (e.g., birth date); telephone numbers; fax numbers; electronic mail addresses; social security number; medical record number; health plan beneficiary number; account number; certificate/license number; vehicle identifiers and serial number; device identifiers and serial number; web universal resource location (URL); internet protocol (IP) address number; finger or voice prints; photographic images; and any other unique identifying number, characteristic or code that the Providence Medical Center or Saint John Hospital has reason to believe may be available to an anticipated recipient of the information.

PHI does not include the following:

- a. education records covered by the Family Educational Right and Privacy Act, 20 U.S.C. §1232g (the Buckley Amendment);
- b. those records described in 20 U.S.C. §1232g(a)(4)(B)(iv) (treatment records for students maintained by post-secondary institutions); and
- c. employment records held by Providence Medical Center and Saint John Hospital in its role as an employer.

“**Privacy Officer**” shall mean the individual designated as having the responsibility to oversee Providence Medical Center’s and/or Saint John Hospital privacy policies and procedures.

Procedure:

1. **Patient Complaints.** Patients are advised through Providence Medical Center’s and/or Saint John Hospital Notice of Privacy Practices of their right to file a complaint with Providence Medical Center’s/Saint John Hospital Privacy Officer if the patient believes that Providence Medical Center or Saint John Hospital has violated his/her rights with respect to their protected health information. If a patient has a complaint, they should be instructed to complete a Patient Privacy Complaint Form (PC-1).
2. **Investigation of Complaint.** Upon receipt of a patient complaint, Providence Medical Center’s and Saint John Hospital Privacy Officer shall initiate a Patient Privacy Complaint Intake Form (CI-1). An investigation will be conducted related to the alleged incident, in consultation with the Risk Management Specialist as appropriate. The Privacy Officer shall also ensure that an Occurrence Report is completed and forwarded to Risk Management for tracking and trending of all patient complaints.
3. **Resolution of Complaint.** Subsequent to investigation of a patient complaint, Providence Medical Center’s and Saint John Hospital Privacy Officer shall contact the patient within 30 days, either orally or in writing, to notify the patient of the results of the investigation. If the contact is made in writing, the Patient Privacy Complaint Acknowledgement Form (CA-1) should be utilized.

**PROVIDENCE MEDICAL CENTER / SAINT JOHN HOSPITAL
PATIENT PRIVACY COMPLAINT FORM
(Related to protected health information)**

Providence Medical Center and Saint John Hospital values the privacy of your medical and health information. If you believe that someone at Providence Medical Center or Saint John Hospital has inappropriately used or disclosed information about your medical or health status or other personal information, please let us know by completing this form. Your complaint will be reviewed by Providence Medical Center's and Saint John Hospital Privacy Officer and all reasonable efforts will be made to resolve it.

Please provide enough information so that we may understand the scope of the complaint you are making (attach additional pages if necessary).

May we contact you if we need additional information?

Yes _____ No _____

Are there documents available that we should look at for additional information? If so, please provide information on the description and location.

Patient Name _____

Telephone number _____

Address _____

Please return this form to the following individual:

Phyllis Miller, PhD, MSA, RHIA, RHIT, CTR
Privacy Officer
Providence Medical Center/Saint John Hospital
8929 Parallel Parkway
Kansas City, KS 66215
913-596-4170 (if calling from the Kansas City area)
913-680-6095 (if calling from the Leavenworth area)

**PROVIDENCE MEDICAL CENTER / SAINT JOHN HOSPITAL
PATIENT PRIVACY COMPLAINT ACKNOWLEDGMENT FORM**

Complainant Name _____

Complainant Address _____

Providence Medical Center / Saint John Hospital received your complaint regarding your privacy rights on _____, 20____. We appreciate that you have taken the time to inform us of a problem. You may be assured that the situation will be carefully reviewed and resolved, if possible.

If you have questions about this matter, you may contact:

Phyllis Miller, PhD, MSA, RHIA, RHIT, CTR
Privacy Officer
Providence Medical Center/Saint John Hospital
913-596-4170 (if calling from the Kansas City area)
913-680-6095 (if calling from the Leavenworth area)

Signature _____

Date _____

**PROVIDENCE MEDICAL CENTER / SAINT JOHN HOSPITAL
PATIENT PRIVACY COMPLAINT INTAKE FORM**

Date complaint received _____

Time complaint received: _____

Form of complaint

_____ Hotline

_____ Oral complaint submitted to _____

_____ Written complaint submitted to _____

Originator of complaint

Name _____

Description of problem reported:

_____ Acknowledgment sent to complainant/date

[Note: it is not required that you send an acknowledgment]

Action required _____

No-action required _____

If action was taken, describe what action and how the complaint was resolved:

[Note: Use back of form if additional room is required]

Person completing this form _____

Date: _____