

Tulane University

DEPARTMENT: General Counsel's Office -- HIPAA	POLICY DESCRIPTION: Privacy Complaint Process
PAGE: 1 of 1	
APPROVED: April 1, 2003	REVISED:
EFFECTIVE DATE: April 14, 2003	POLICY NUMBER: GC-014

Tulane University Privacy Complaint Process

SCOPE OF POLICY

This policy applies to Tulane University Medical Group, its participating physicians and clinicians, and all University employees and business units who provide management, administrative, financial, legal, and operational support to or on behalf of Tulane University Medical Group and have been designated as part of the Tulane University HIPAA Health Care Component.

STATEMENT OF POLICY

Under the Privacy Standards, a patient may file a complaint with the facility, as well as with the Secretary of the U.S. Department of Health and Human Services. The purpose of these complaint mechanisms is to instill a measure of accountability. The facility has a complaint process in place that will be utilized to handle privacy complaints.

IMPLEMENTATION OF POLICY

1. The person or office that handles the privacy complaints is: Privacy Official or his or her designee.
2. The information gathered should include the following:
 - Name of the Complainant
 - Date the complaint was filed
 - Date and time of the incident (if applicable)
 - Location
 - Names if any members of the workforce who were involved
 - Name of physician or clinician that was involved
 - Short summary of the dispute
3. Receipt of a complaint must be acknowledged in writing by the Privacy Official or designee (see attached memo sample).
4. The Privacy Official or designee will develop and maintain an investigation/disposition report that identifies any privacy deficiencies discovered in the investigation and the steps taken. The Privacy Official or designee will send a report regarding the disposition of the investigation to the complainant and a copy will be maintained by the Privacy Official or designee.

Should a complaint against a workforce member or physician be found to be valid, the disposition of such complaint will be consistent with the facility's Sanctions for Privacy Violations.

Tulane University
Privacy Complaint Intake Form

NAME OF COMPLAINANT:

DATE AND TIME OF COMPLAINT:

DATE AND TIME OF INCIDENT:

LOCATION:

PERSONS INVOLVED:

NATURE OF BREACH:

Tulane University

<<Date>>

<<First Name>> <<Last Name>>

<<Address 1>>

<<Address 2>>

<<City>>

Re: Privacy Complaint

Dear <<Title>> <<Last Name>>

This letter is to notify you that we have received your privacy complaint date <<Dated>>.

Your complaint will be investigated and you will be notified regarding the disposition of the investigation.

If you have any questions or if I can be of further assistance, please contact me at **504-584-1801 (option 1)**.

Sincerely,

<<Name>>

<<Title>>

Tulane University
Privacy Complaint Investigation
& Disposition Report

NATURE OF THE COMPLAINT:
HARM TO THE PATIENT:
STATEMENT BY SUSPECT AND WITNESSES:
PERSON(S) NOTIFIED:
IDENTIFIED PRIVACY DEFICIENCY:
LEVEL OF OFFENSE: <input type="checkbox"/> Level 1 – A single designated person can resolve the issue in a short amount of time. <input type="checkbox"/> Level 2 – The incident requires the attention of other staff. <input type="checkbox"/> Level 3 – This is a serious security incident requiring an organized response team.
DETERMINATION AS TO HOW THE ACCIDENT COULD HAVE BEEN PREVENTED:
DETERMINATION AS TO THE APPROPRIATE CORRECTIVE ACTION: