

<b>Document Type:</b> <sup>1</sup>	<input checked="" type="checkbox"/> Policy & Procedure	<input type="checkbox"/> Process Guideline	Adopted:	1/1/2019
	<input type="checkbox"/> Plan	<input type="checkbox"/> System Description	Last Reviewed:	1/25/2021
			Retired:	_____

Revisions: 2/28/2020

**Document Scope:** (applies to Policy & Procedure only)

- X The requirements herein apply only to the GCBH BH-ASO Central Office and its functions.
- The requirements herein apply, verbatim, to GCBH BH-ASO and its network providers<sup>2</sup>.
- The requirements herein apply both to GCBH BH-ASO and its network providers<sup>2</sup>. Additionally, network providers must have internal documents outlining their processes for implementing the requirements, insofar as they relate to actions for which network providers are responsible.

**PURPOSE:** To define the process for filing complaints regarding privacy in accordance with the requirements of the Health Insurance Portability and Accountability Act of 1996 (HIPAA), 42 CFR Part 2, or Health Information Technology for Economic and Clinical Health 04/27/09 (HITECH) HIPAA's.

**PROCEDURE**

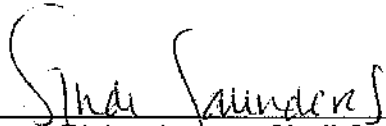
1. Greater Columbia Behavioral Health (GCBH BH-ASO) has designated individuals to receive and be responsible for the following complaints about privacy:
  - 1.1. Policies and procedures required by Privacy Rule,
  - 1.2. Compliance with policies and procedures, and
  - 1.3. Compliance with the privacy rule.
2. The GCBH BH-ASO Privacy Notice informs individuals that they have the right to complain about GCBH BH-ASO's privacy practices. The Notice, in addition to informing individuals of their rights, also lists contact information to where complaints should be directed. This contact may be the same for other types of individual complaints and grievances.
3. Privacy complaints:
  - 3.1. Are filed in writing, either on paper or electronically, dated and signed by the individual making the complaint.
  - 3.2. Name the entity that is the subject of the complaint and describe acts or omissions believed to be in violation of HIPAA or HITECH regulations.
  - 3.3. Are filed within 180 days of when the complainant knew, or should have known, that the act or omission complained of occurred – unless the time limit is waived by the Secretary of Health and Human Services for good cause shown.
4. The procedure for processing individual complaints in regards to privacy is done in a manner similar to other complaints and grievances (See GCBH BH-ASO policy CA410 – Grievance System). In addition, designated individuals:
  - 4.1. Retain the original copy of privacy complaint.
  - 4.2. Inform individuals at the time of the complaint of their right to complain directly to the Secretary of Health and Human Services and provide the contact information.

<sup>1</sup>See definitions of document types in AD100, "Development, Approval & Review of Formal GCBH BH-ASO Documents"

<sup>2</sup>"Network Provider" – An organization with which GCBH BH-ASO is contracted for the provision of direct services.

- 4.3. As needed, enlist the assistance of the HIPAA Officer in the investigation of a compliant that is determined related to compliance with the privacy rule.
- 4.4. Inform the HIPAA Officer on a monthly basis the number of complaints regarding privacy. Make available as requested, copies of those complaints regarding privacy to the HIPAA Officer; and
- 4.5. Submit a summary report of activity to the Quality Management Oversight Committee on a semi-annual basis.

**APPROVAL**



Karen Richardson or Sindi Saunders, Co-Directors

2/10/2021

Date