Policy Level: UW Medicine Compliance
Policy Title: PP-05 Complaints and Incidents Related to Privacy and Information Security
Policy Number: PP-05
Date Established: February 24, 2003
Date Revised: February 28, 2005; May 22, 2006; September 28, 2007; April 19, 2010; July 30, 2013
Date of Last Cyclic Review:

Purpose
This policy describes complainant rights, intake points, roles and responsibilities, and internal process requirements for UW Medicine’s handling of complaints and incidents involving privacy and information security.

Definitions
- Incident: Includes but is not limited to: potential unauthorized access, use, disclosure, modification, destruction, availability, reporting, theft, etc. of patient information, institutional information, information systems, computerized devices, or infrastructure technology.
- Privacy Complaint: Includes but is not limited to allegations involving improper access, use or disclosure of patient information; failure to comply with a restrictions request; failure to use alternate communications; incomplete accounting of disclosures; re-disclosure of patient information by a Business Associate; and identity theft.

Policy
Right to File Complaint/Non-Retaliation
- Patients are informed about their right to file a complaint in the Notice of Privacy Practices which is distributed and posted in all locations where UW Medicine provides healthcare services.
- Workforce members who handle Protected Health Information (PHI) are informed about their individual right to file a complaint through mandatory privacy training.
- UW Medicine will not intimidate, threaten, coerce, or retaliate against persons for filing good faith complaints or reporting an incident to UW Medicine, the Office for Civil Rights (OCR) or other governmental agencies, or for testifying, assisting or participating in investigations, compliance reviews, proceedings or hearings, or for
opposing real or perceived unlawful acts or practices provided the opposition is reasonable and does not involve a disclosure of PHI that would be prohibited under the law.

Source of Complaints

Potential or alleged policy violations and incidents may be:
- reported as privacy complaints by
  - government regulators,
  - patients or their families,
  - the general public, and
  - workforce members\(^1\) (hereafter called “complainants”)
- identified in the course of compliance monitoring and auditing

Roles and Responsibilities

1) UW Medicine Compliance is responsible for:
   a) Receiving and handling complaints\(^2\) from regulators and complainants
   b) Providing written acknowledgement to the regulator or complainant within ten (10) business days after receipt, which includes the process and expected timeline for completion of the investigation
   c) Notifying appropriate institutional officials
   d) Serving as primary point of contact for all communications with the regulators.
   e) Coordinating the investigation and management of the complaint or incident with appropriate institutional offices
   f) Maintaining all required documentation

2) Workforce members are responsible for:
   a) Cooperating with all compliance investigations. Failure to cooperate will not prevent the investigation from proceeding and may result in a second investigation for non-cooperation.
   b) Immediately notifying UW Medicine Compliance if they receive a complaint or become aware of an incident.

Intake

Inquiries, complaints, and incidents must be reported in writing (U.S. Mail or email) or by telephone to:

UW Medicine Compliance
Box 359210
Seattle, WA 98195-9210
206-616-5248
comply@uw.edu

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\(^1\) Faculty, employees, trainees, volunteers, and other persons who perform work for UW Medicine, and whose work conduct is under UW Medicine’s direct control regardless of whether or not they are paid by UW Medicine.

Acknowledgements and Notifications

Complainants shall be provided with written acknowledgement within 10 days after their complaint is received by UW Medicine Compliance.

- UW Medicine managers are informed when an incident involves their workforce member(s).
- The UW Privacy Official and UW Medicine Vice Presidents are notified of major complaints and incidents. Depending on the nature of the complaint, the following UW offices may be notified that the complaint has been received, and/or be informed about the investigative findings:
  - UW Medicine Vice Presidents and CEO
  - Entity Executive Directors
  - Health Sciences or Entity Risk Management
  - UW Medicine or Entity News and Community Relations
  - UW, UW Medicine or Entity Chief Information Security Officer
  - UW School of Medicine Director of Compliance
  - UW School of Medicine Director of Information Technology
  - UW Attorney General Office
  - UW School of Medicine Department Chairs, Directors and/or Administrators
  - UW School of Medicine Vice Deans, including Graduate Medical Education and Academic Affairs
- Investigations are coordinated with appropriate institutional officials, including the following:
  - The appropriate UW Medicine entity official for complaints involving their workforce or patients
  - UW Health Sciences Risk Management if there is risk of patient harm or legal action
  - UW Human Subjects Division and the UW School of Medicine Director of Compliance for complaints involving research or research subjects
  - UW Physicians (UWP) for complaints involving UWP employees and volunteers
  - UW School of Medicine Director of Compliance and the appropriate school or Department Vice Dean, Chair, Director or Administrator, and or Human Resource Office for complaints involving UW School of Medicine faculty, staff, trainees, and students
  - Graduate Medical Education for complaints involving residents
  - Appropriate Human Resources Offices for complaints involving staff
- Findings are documented in writing and reported to the complainant and appropriate institutional officials.

Timelines

Investigations must be completed within thirty (30) business days after receipt of the complaint in UW Medicine Compliance. If additional time is needed, the UW Medicine Chief Privacy Officer will establish a new timeline with the complainant.
**Documentation Requirements**

All complaints are documented in accordance with UW Medicine record retention policies and procedures, UW Record Retention Policies, applicable Washington state law and regulations, and applicable federal law. In general, compliance investigation records are retained for a minimum of six (6) years from the last date of service to the patient or the last date the record was used by UW Medicine, whichever is later. Records related to treatment of minors are maintained for at least ten (10) years, or no less than three (3) years from the date the patient achieves majority (age 18). When a UW Medicine policy requires retention for a longer period of time than the law requires, record retention will be consistent with the UW Medicine policy. In addition,

- Privacy complaints are documented and tracked.
- Responses to patient complaints are filed in Compliance Program records which are considered to be part of the patient’s designated record set.\(^3\)

**Sanctions**

Workforce members who violate UW Medicine compliance policies will be subject to appropriate corrective actions.\(^4\) Information discovered during the fact-finding process that suggests a potential violation of other University policies will be referred to the appropriate institutional official.

**Request for Second Review**

Complainants who are not satisfied with the results of an investigation may request a second review. UW Medicine Compliance will conduct the review and either issue a determination in consultation with the UW Medicine Chief Privacy Officer and the UW Privacy Official or refer the issue to the appropriate entity Patient Grievance Committee. In either case, the complainant will receive written notification of the outcome, and be informed of their rights to contact the U.S. Department of Health and Human Services - Office for Civil Rights (OCR).

**External Reporting Options**

Individuals may report privacy complaints to the U.S. Department of Health and Human Services, Office for Civil Rights (OCR), the federal agency responsible for enforcing HIPAA:

U.S. Department of Health & Human Services  
2201 Sixth Avenue - Mail Stop RX-11  
Seattle, WA 98121  
(206) 615-2290; (206) 615-2296 (TDD)  
(206) 615-2297 FAX

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\(^3\) See “definitions” section for further description of “designated record set”.  
\(^4\) See UW Medicine Privacy Policy - PP-06 Corrective Actions for Noncompliance with Privacy and Information Security Policies.
References

- 45 CFR Part 160 and 164; Section 164.530(d); “Administrative Requirements – Complaints“, Section 160.306 “Complaints to the Secretary”.
- RCW 70.02.120: Notice of information practices—Display conspicuously

Cross References

Please see following list of UW Medicine entity specific policies and procedures regarding Patient Complaints and Responding to Complaints:

HHPCC
HH AD03-016  Patient Complaints
HH HIP-05  Patient Complaints related to Privacy

HMC:
5.14  Patient Complaints and Grievances
5.64  Patient Grievance Committee

UWMC:
5.33  Management of Patient Complaints and Grievances

Approvals

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UW Privacy Official  Date
Johnese M. Spisso, Chief Health System Officer, UW Medicine & Vice President for Medical Affairs, UW

Related Procedures

PP-05 Attachment A  Sample Acknowledgement Letter
PP-05 Attachment B  Sample Response Letter

Additional Contacts

UW Medicine Compliance
206-543-3098
comply@uw.edu