

HIPAA Complaint Procedure

HIPAA privacy regulations establish a number of individual rights for patients with regard to their health information, including the right to file complaints concerning a covered component's compliance with the regulation. Purdue University takes these complaints very seriously and will fully investigate and review for action each complaint.

Retaliation against any individual filing a complaint about the privacy practices of Purdue's covered components is prohibited.

Framework Established to Administer HIPAA

The Office of Legal Counsel has the responsibility to oversee University compliance with HIPAA Privacy Regulations.

Purdue University is a Hybrid Entity under the HIPAA Privacy Regulations. As such, certain activities and health-related information must be protected by the University. The affected departments within Purdue University have been identified as "covered components." Each covered component has named a HIPAA Privacy Liaison to assist with responsibilities of training, communication and implementation of HIPAA policies and procedures and the investigation and resolution of privacy complaints or inadvertent disclosures.

Steps for Resolution of Privacy Complaints

Although disagreements are normally settled through informal meetings and discussion, an administrative channel to resolve a dispute is provided. A written complaint may be filed by individuals with Purdue University but may also be sent to the Office for Civil Rights, in the Department of Health and Human Services, <http://www.hhs.gov/ocr/privacy/hipaa/complaints/index.html>.

The HIPAA Complaint Report form will be used University-wide for purposes of receiving complaints regarding Purdue's privacy practices and compliance with the HIPAA Privacy Regulations. A Sanctions Policy is used to apply a range of corrective actions to employees, determined by the severity of non-compliance with the HIPAA policies and procedures. These actions include possible sanctions up to and including termination of employment.

The investigation process includes documentation of the complaint received, process of investigation, resolution of the complaint and any formal action taken.

The HIPAA complaint process at Purdue is:

1. Initiated by the filing of the HIPAA Complaint Report with the Office of Legal Counsel. Included in the report will be a description of the complaint, persons involved and the desired outcome or action needed to resolve the issue.
2. The Office of Legal Counsel will log the complaint, acknowledge receipt of the complaint to the complainant in writing, or for verbal complaints by telephone, and work with the area HIPAA Privacy Liaison to investigate within 30 days of receipt of the complaint. If a meeting with the complainant is needed, it will be scheduled and conducted within the 30-day time period. The Office of Legal Counsel will seek to document a mutually acceptable resolution or response plan. He or she would typically schedule a meeting or verbally discuss the issue with the complainant to, if possible, bring the matter to closure. The resolution or response plan will be documented in writing and signed by the Office of Legal Counsel and Liaison and complainant if appropriate, and will be attached to the complaint report.
3. After the preliminary investigation is complete, the Office of Legal Counsel and Privacy Liaison in the affected covered component will discuss the resolution or response plan that was achieved or work together to develop a written recommendation.
4. The Office of Legal Counsel will respond to the complainant and ensure that actions are taken where necessary to avoid future issues.

Record Keeping

The Office of Legal Counsel maintains a record of all complaints received, dates of action, and their disposition. If sanctions for members of the workforce failing to comply with policies, procedures or regulations are administered in conjunction with a complaint, record of this activity also is created and maintained by the Office of Legal Counsel and HIPAA Privacy Liaison for a minimum of 6 years from the date of last activity.

Timeframe

Complaints must be filed within 180 days of when the complainant knew that the act or omission complained of occurred. The 180-day filing period may be extended if the complainant can show “good cause”. Any alleged violation must have occurred on or after April 14, 2003.