

POLICY INFORMATION

Policy Title: Direction and Investigation of Privacy Complaints Policy and Procedure

Departmental Owner: Chief Compliance, Audit, and Privacy Officer

Version Effective Date: 2/28/24

Last Reviewed: 2/28/24

SCOPE

This policy applies to the following individuals and/or groups:

All of the below categories

All Employees CT Employees NY Employees Remote Employees Contractors Volunteers Students/Interns Vendors

This policy applies to all above listed Nuvance Health workforce members including but not limited to the following locations:

All of the below entities

Nuvance Health Systems

Danbury Hospital (including New Milford Hospital Campus)

Northern Dutchess Hospital

Norwalk Hospital

Putnam Hospital

Sharon Hospital

Vassar Brothers Medical Center

Health Quest Systems, Inc. "(HQSI)"

Health Quest Home Care, Inc

Hudson Valley Cardiovascular Practice, P.C. (aka The Heart Center) ("HVCP")

Other HQSI-affiliated Entities Not Listed

Western Connecticut Home Care, Inc ("WCHN")

Western Connecticut Health Network Physician Hospital Organization ACO, Inc.

Western Connecticut Home Care, Inc

Other WCHN-affiliated Entities Not Listed

Nuvance Health Medical Practices (NHMP PC, NHMP CT, ENYMS & HVCP)

POLICY STATEMENT/PURPOSE

To ensure there is a mechanism in place for individuals to make complaints concerning the privacy and confidentiality of Protected Health Information ("PHI"). To ensure that all privacy complaints are documented, tracked, investigated, and that documentation includes the final disposition/resolution of the complaint.

DEFINITIONS

See HIPAA Glossary

POLICY

It is the policy of Nuvance Health and its affiliates ("Nuvance"), in compliance with 45 C.F.R. §164.530(d) to address any complaints with regards to protecting the privacy of confidential healthcare information. Individuals, family members, employees, the general public or business associates have the right to file complaints regarding Nuvance policies, procedures or practices relative to the access, use, or disclosure of PHI.

PROCEDURE

Direction and investigation of all privacy issues is overseen by the Privacy Officer or designee from their receipt through a prompt and thorough investigation and resolution.

Original Effective Date: LHQ=2/27/14

Revision Dates: 2/28/24

Supersedes: HQ 5.2.05 Direction and Investigation of Privacy Complaints Policy;
HQ 5.2.05 Direction and Investigation of Privacy Complaints Procedure

1. Any complaint regarding the privacy of PHI is to be made by calling or writing the Nuvance Privacy Officer or designee. Upon receiving the concern, the Privacy Officer or designee is to:
 - a. Document the issue in the Disclosure Log within two (2) business days of receipt of disclosure.
 - b. Disclosure Log data elements include: date, time, issue of concern, whether anonymous or not, status of internal investigation and corrective action taken in response to investigation.
 - c. Upon resolution, the findings are documented with any actions/notifications.
 - d. Communicate resolution to reporter within a 60-day period.
2. Any individual, representative, family member, employee, business associate, visitor, or the general public may file a complaint regarding Nuvance privacy practices (e.g. improper Use or Disclosure of PHI, denial of access to PHI, amendment of health records, etc.)
3. Complaints, in writing or by calling, should be submitted to the Privacy Officer or appropriate designee.
4. Upon receiving the complaint, the Privacy Officer or designee will:
 - a. Immediately document the complaint in the complaint log.
 - b. Document the date, time and name of person making the complaint. Documentation will note if the complainant remains anonymous.
 - c. Begin an investigation within ten (10) working days of receipt of the complaint.
 - d. Document written findings of the investigation in the complaint log within sixty (60) days of receiving the complaint unless an extension is necessary to complete the investigation.
 - e. Communicate the outcome of the complaint to the identified individual filing the complaint. If the complainant maintained anonymous, document anonymity within the outcome of the complaint in the Complaint Log.
5. The Privacy Officer will regularly communicate metrics regarding the number and types of complaints including any trends and related corrective action measures to the Executive Compliance Committee.

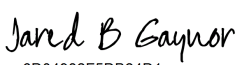
ENFORCEMENT

All individuals whose responsibilities are affected by this policy are expected to be familiar with the basic procedures and responsibilities created by this policy. Failure to comply with this policy and related procedure may result in remedial and/or disciplinary action, up to and including termination of any employment or other relationship.

REFERENCES

CFR 45 §164.530(d)

APPROVAL

DocuSigned by:

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Signature

2/28/2024

Date