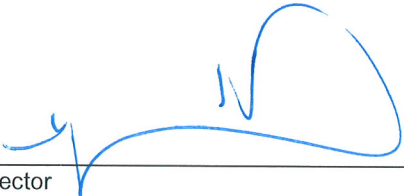


MCCMH MCO Policy 10-350

(was Administrative Policy 9-09-090)

Chapter: **DIRECTLY-OPERATED PROGRAM MANAGEMENT**
Title: **PRIVACY COMPLAINT PROCESS**

Prior Approval Date: 12/6/07
Current Approval Date: 7/22/10

Approved by: _____
Executive Director  Date 07/22/10

I. Abstract

This policy establishes the standards and procedures of the Macomb County Community Mental Health Board (MCCMH) for compliance with the Privacy Rules of the Health Insurance Portability and Accountability Act of 1996 (HIPAA) by establishing a process for handling complaints from consumers about privacy concerns.

II. Application

This policy shall apply to the MCCMH administrative offices and to all directly-operated network providers of the MCCMH Board.

III. Policy

It is the policy of the MCCMH Board to process consumer complaints about:

- A. Privacy policies and procedures required by the HIPAA Privacy Rules;
- B. Compliance with such policies and procedures and the HIPAA Privacy Rules.

IV. Definitions

- A. None.

V. Standards

- A. All privacy complaints received by the MCCMH Board shall be directed to the Office of Recipient Rights for proper processing and handling.
- B. The MCCMH Privacy Notice shall:
 - 1. Inform consumers that they have the right to complain about the MCCMH Board's privacy practices; and
 - 2. Provide the information that complaints should be directed to the MCCMH Office of Recipient Rights (ORR).

VI. Procedures

- A. If the Office of Recipient Rights receives an oral privacy complaint, the ORR shall ask the complainant to submit the complaint in writing.
- B. The Office of Recipient Rights shall only log in complaints that are in writing, dated, and signed by the consumer or representative.
- C. A complainant may submit a complaint in any written format. It is recommended that he/she use the MCCMH Health Information Privacy Complaint Form (Exhibit A). If Exhibit A is not used, the written complaint must contain the following:
 - 1. Complainant's name, full address, home and work telephone numbers, email address, if available;
 - 2. Whether the complainant is filing a complaint on someone's behalf, and if so, the name of the person on whose behalf he/she is filing;
 - 3. A brief description of what happened. How, why, and when does the complainant believe his/her (or someone else's) health information privacy rights were violated, or the Privacy Rule otherwise was violated;
 - 4. Any other relevant information; and
 - 5. The complainant's signature and the date of the complaint.
- D. The Office of Recipient Rights shall:
 - 1. Retain the original copy of every privacy complaint; forward copies to the MCCMH Privacy Officer and Compliance Officer.
 - 2. Enter the complaint in a log book maintained chronologically which consists of:
 - a. The date the complaint was received;
 - b. The name of consumer;

- c. A copy of the complaint;
 - d. Contact information; and
 - e. A consumer number for locating the complaint in the filing system.
3. Send a letter to the complainant within 5 days of receipt of the written complaint to:
 - a. Acknowledge receipt of the complaint;
 - b. Inform him/her of the right to complain directly to the Civil Rights Office of the Secretary of Health and Human Services (HHS);
 - c. Inform him/her that a complaint to HHS must be filed within 180 days of his/her knowledge of the occurrence of the act or omission; and
 - d. Provide the contact number of the HHS Civil Rights Office.
4. Review the complaint, investigate, and determine its resolution within 60 days; and
5. Send a letter to the complainant, with copies to the Corporate Compliance Officer and Privacy Officer, within 5 days of resolution of the complaint to:
 - a. Inform the complainant of the resolution;
 - b. Advise him/her of the right to complain about the resolution to the HHS Civil Rights Office; and
 - c. Provide the contact information for the HHS Civil Rights Office.

VII. REFERENCES / LEGAL AUTHORITY

- A. Health Insurance Portability and Accountability Act of 1996 (HIPAA), P.L. 104-191 Rule
- B. 45 CFR § 164.530

VIII. EXHIBITS

- A. MCCMH Health Information Privacy Complaint Form

MCCMH HEALTH INFORMATION PRIVACY COMPLAINT

If you have any questions about this form, call the MCCMH Office of Recipient Rights Director at (586)-469-5875.

YOUR FIRST NAME:

YOUR LAST NAME:

HOME PHONE:

WORK PHONE:

STREET ADDRESS:

CITY:

STATE:

ZIP

E-MAIL ADDRESS (if available)

Are you filing this complaint for someone else?

YES

NO

If YES, whose health information privacy rights do you believe were violated?

FIRST NAME:

LAST NAME:

When do you believe that the violation of health information privacy rights occurred?

LIST DATE(S)

Describe briefly what happened. How and why do you believe your (or someone else's) health information privacy rights were violated?

(Attach additional pages as needed.)

Please sign and date this complaint.

SIGNATURE

DATE:

(5/10)

MCCMH HEALTH INFORMATION PRIVACY COMPLAINT

The remaining information on this form is optional. Failure to answer these voluntary questions will not affect MCCMH's decision to process your complaint.

Do you need special accommodations for us to communicate with you about this complaint (check all that applies)?

Braille Large Print Cassette tape Computer diskette Electronic mail TDD

Sign language interpreter (*specify language*):

Foreign language interpreter (*specify language*):

Other:

If we cannot reach you directly, is there someone we can contact to help us reach you?

FIRST NAME:

LAST NAME:

HOME PHONE:

WORK PHONE:

STREET ADDRESS:

CITY:

STATE:

ZIP

E-MAIL ADDRESS (if available)

Have you filed your complaint anywhere else? If so, please provide the following: PERSON / AGENCY / ORGANIZATION / COURT NAME(S)

DATE(S) FILED

CASE NUMBER(S) (*if known*)

(Attach additional pages as needed.)

Please mail or deliver the complaint to: MCCMH Office of Recipient Rights Director, 22550 Hall Road, Clinton Twp., MI 48036

(5/10)