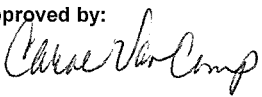
 <p>HAWAII HEALTH SYSTEMS CORPORATION "Quality Healthcare For All"</p>	<p>Department:</p> <p>Quality Through Compliance</p>	<p>Policy No.:</p> <p>CMP 025A</p>
	<p>Issued by:</p> <p>Audit and Compliance Committee</p>	<p>Revision No.:</p>
<p>POLICY</p>	<p>Approved by:</p>  <p>HHSC Board of Directors By: Carol A. VanCamp Its: Secretary/Treasurer</p>	<p>Effective Date:</p> <p>September 19, 2013</p>
<p>Subject:</p> <p>HIPAA Complaint Policy</p>		<p>Supersedes Policy:</p>
		<p>Page:</p> <p>1 of 2</p>

Last Reviewed: August 19, 2013. Next Review: August 19, 2016

- I. **PURPOSE:** This policy sets forth the process by which a patient or other persons can make a complaint regarding Hawaii Health Systems Corporation's (HHSC) privacy policies or their implementation.
- II. **DEFINITIONS:**

Compliance Officer: Refers to either the HHSC Chief Compliance and Privacy Officer, or the Regional Compliance Officer for each of HHSC's regions, and/or the compliance officer for a specific HHSC facility.
- III. **POLICY:** Pursuant to the Health Insurance Portability and Accountability Act of 1996 (HIPAA), a patient has the right to make complaints concerning HHSC privacy policy and procedures, or those of HHSC business associates, to the Secretary of the Department of Health and Human Services, to HHSC, or both.
 - A. Right to Complain – A patient, or other individual, has the right to make complaints regarding HHSC privacy policy and procedures, or those of HHSC business associates, to the Secretary of the Department of Health and Human Services, to HHSC, or both.
 - B. Intimidation, Retaliation, Waiver or Rights
 1. Employees of HHSC must cooperate with persons who wish to file a complaint.
 2. HHSC may not intimidate, threaten, coerce, discriminate against, or take other retaliatory action against any individual making or participating in a complaint. This includes employees of HHSC who testify, assist, or participate in an investigation, compliance review, hearing or other proceeding; or those employees who oppose any act or practice prohibited by HIPAA, provided that the employee has a good faith belief that the practice opposed is unlawful and the manner of opposition is reasonable and does not involve a disclosure of PHI in violation of HIPAA.
 - C. Receiving and Handling Complaints:
 1. Compliance Officers are responsible for receiving all complaints related to HHSC's privacy policies or alleged breaches of the privacy policies, either by HHSC, or a business associate of HHSC. HHSC's compliance officers are responsible for investigating all complaints and recommending the appropriate corrective actions and sanctions
 2. Complaints can be filed through the Corporate Compliance Hotline, with a compliance officer, and/or with a member of the management of HHSC.

3. If during an investigation, the compliance officer learns that HHSC has breached its privacy policies or that a HIPAA requirement has not been met, it is the duty of the compliance officer to inform the management of HHSC, and the duty of HHSC to take steps to reduce the harmful effects of the breach and ensure that procedures are put in place to meet the HIPAA requirements in the future.
4. If during the investigation of a complaint regarding a business associate, the compliance officer determines that the business associate has materially violated a term of its agreement with HHSC with respect to patient privacy, it is the duty of the compliance officer to contact the business associate and request that the action be stopped or corrected.
5. Further, should the business associate fail to respond to such requests, HHSC must take steps to terminate the agreement as discussed in the HIPAA Business Associate Disclosure Policy (CMP 031A).
6. The compliance officer is responsible for documenting all complaints and their dispositions. Documentation will be kept for a minimum of four years after the complaint is closed.

D. HHSC facilities shall adopt appropriate procedures to implement this Policy.

IV. APPLICABILITY: This policy shall apply to all HHSC Facilities.

V. AUTHORITY: Standards for Privacy of Individually Identifiable Health Information (HIPAA), 45 C.F.R., Subtitle A, Subchapter C, Section, 164.530 (d)(1), 164.530(g)-(h). CMP 031A.

VI. ATTACHMENT: None