



**COUNTY OF SAN BERNARDINO
STANDARD PRACTICE**

No. 14-03 SP 10

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EFFECTIVE DATE June 10, 2016

POLICY: HIPAA Policy
SP: HIPAA Complaint Process

APPROVED
GREGORY C. DEVEREAUX
Chief Executive Officer

PURPOSE

This establishes the process for Health Insurance Portability and Accountability Act (HIPAA) complaints submitted to the County of San Bernardino.

DEPARTMENTS AFFECTED

All County agencies, departments, and Board-governed Special Districts that are determined to be covered by HIPAA.

DEFINITIONS

Business Associate: A person or organization that on behalf of a covered entity, other than a member of the covered entity's workforce creates, receives, maintains, or transmits Protected Health Information (PHI).

Health Insurance Portability and Accountability Act (HIPAA): A federal law designed to provide privacy and information security standards to protect patients' medical records and other health information provided to health plans, doctors, hospitals, and other health care providers. (45 C.F.R. Parts 160 and 164)

Privacy Officer: The person responsible for developing, implementing, and maintaining the County Privacy Policies and Procedures regarding the use and disclosure of Protected Health Information, responsible for receiving complaints under HIPAA, and for compliance with the HIPAA Privacy Rule.

Protected Health Information (PHI): Individually identifiable health information that is transmitted by, or maintained in, electronic media or any other form or medium (excludes individually identifiable health information in employment records held by the Covered Entity in its role as employer).

Workforce: Employees, volunteers, trainees, and other persons whose conduct, in the performance of work for a covered entity or internal business associate, is under the direct control of such covered entity or internal business associate, whether or not they are paid by the covered entity or internal business associate.

PROCEDURES

A. Filing of HIPAA Complaints:

Any person or entity who believes that the County, any member of the County's workforce, or any County business associate, has violated or is otherwise not complying with the privacy and security requirements of HIPAA or this Standard Practice may submit a complaint.

Any such complaint may be submitted to any department supervisor, manager, or administrator, or to any County department privacy or security officer, or the County Privacy Officer. It is preferable that complaints be submitted in writing.

A complaint may also be filed with:

Office of Compliance and Ethics
157 W. 5th Street, 1st Floor,
San Bernardino, CA 92415-0440
Phone: 909-387- 4500 FAX: 909-387-8950
Email: hipaacomplaints@cao.sbcounty.gov
Website: https://www.integrity-helpline.com/SBC_C&E.jsp

or

Region IX
Office for Civil Rights
U.S. Department of Health and Human Services (DHHS)
90 7th Street, Suite 4-100
San Francisco, CA 94103
Phone: 800-368-1019 TTY: 800-537-7697
FAX: 415-437-8329
Website: <https://www.hhs.gov/ocr/privacy/hipaa/complaints/>

B. HIPAA Complaint Process

The County department, program, or person who receives the HIPAA related complaint shall follow a standardized and consistent process for review:

1. HIPAA complaints filed directly with the County Privacy Officer shall be copied to the individual County department.
2. HIPAA complaints filed through the online incident reporting site shall be copied to the County department and the County Privacy Officer.
3. The County Privacy Officer and the involved County department shall maintain collaborative dialogue and review of complaints.
4. HIPAA complaints shall be acknowledged in writing within five (5) business days of receipt.
5. Findings and recommendations, if any, shall be documented.
6. The individual County departments and the County Privacy Officer shall each maintain a log of complaints received including, but not limited to, dates of complaint, name of complainant, date of referral, referral contact and follow-up/response.
7. HIPAA complaints filed with the individual County departments and any subsequent documentation shall be maintained on file and provided to the County Privacy Officer upon request.

C. No Retaliation

No person shall intimidate, threaten, coerce, discriminate against, or take other retaliatory action against any individual or organization that exercises any rights granted by HIPAA, including, but not limited to, filing a complaint or assisting in the lawful investigation of such a complaint, or opposing any act or practice made unlawful by HIPAA, provided the individual or person has a good faith belief that the practice opposed is unlawful or violates HIPAA, and the manner of the opposition is reasonable and does not involve an improper disclosure of protected health information in violation of HIPAA.

D. Office for Civil Rights (OCR)

If a County department is contacted by the OCR regarding a complaint made directly to OCR, the department shall cooperate with the OCR's investigation and immediately notify the County Privacy Officer.

This Standard Practice shall not be construed as relieving departments of their responsibility to develop full and complete departmental policies, procedures, and practices necessary to expand and tailor this overall Standard Practice to the particular needs of their departments.

LEAD DEPARTMENT
Human Resources