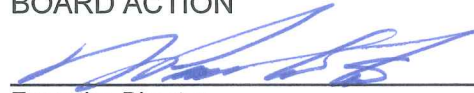


(was Administrative Policy 9-09-090)

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

Prior Approval Date: 7/22/10
Current Approval Date: 3/27/19

Approved by: **BOARD ACTION**


Executive Director

3-19-19
Date

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 Individuals Served to make complaints about privacy concerns, as well as a process for MCCMH to receive, investigate and address such complaints.

II. Application

This policy shall apply to the MCCMH Board, as well as all MCCMH Workforce Members (including but not limited to all directly-operated providers) and Business Associates.

III. Policy

It is the policy of the MCCMH Board to receive, investigate and address complaints from Individuals Served 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. Workforce Member: Employees, volunteers, trainees, certain independent contractors who work at MCCMH facilities, and other persons whose conduct, in the

performance of work for MCCMH, is under the direct control of such MCCMH, whether or not they are paid by MCCMH.

V. Standards

- A. Individuals Served should make privacy complaints to the Office of Recipient Rights at the following address:

MCCMH Office of Recipient Rights
22550 Hall Road
Clinton Township, MI 48036 586-469-6528
586-469-6528 (V)
Michigan Relay Service (TTY Users): 711

Individuals Served may also have the right to file a complaint with the Federal Government at:

Office of Civil Rights, Region V
US Department of Health and Human Services
233 North Michigan Ave., Suite 240
312-866-2359
312-353-5693
Email: OCRMail@hhs.gov.

- B. Upon receipt of any such complaints, the ORR will:
1. Investigate all privacy complaints according to the standards and procedures set forth in MCCMH MCO Policy No. 9-510, "Recipient Rights Investigations"; and
 2. Promptly forward appropriate details to Corporate Compliance for processing according to the standards and procedures set forth in MCCMH MCO Policy No. 10-370, "HIPAA Privacy Breach Assessment and Notification".
- C. The MCCMH Privacy Notice shall provide additional information regarding the rights of Individuals Served with respect to privacy, including but not limited to:
1. Notice of the right to complain about the MCCMH Board's privacy practices;
 2. Contact information for making complaints to both the ORR and the Federal Government; and
 3. Instructions for obtaining assistance with making complaints.
- D. The Board will not intimidate, threaten, coerce, discriminate against, or take other retaliatory action against any individual for filing a privacy complaint or for participating in the complaint investigation process.

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 ORR 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. Written complaints must contain the following information:
 - 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 retain the original copy of every privacy complaint it receives and forward copies to the MCCMH Privacy Officer and Compliance Officer within twenty-four (24) hours after receipt of the privacy complaint so that it may be promptly investigated.

VII. REFERENCES / LEGAL AUTHORITY

- A. Health Insurance Portability and Accountability Act of 1996 (HIPAA), P.L. 104-191 Rule
- B. 45 CFR § 164.530
- C. MCCMH MCO Policy No. 10-370, "HIPAA Privacy Breach Assessment and Notification"

VIII. EXHIBITS

- A. None.