Investigating and Responding to Privacy Incidents and Complaints

APPLICABILITY:

This policy applies to the following entities (collectively referred to as "UNC Health Care System" or "UNCHCS" in this policy):

- UNC Health Care System/UNC Medical Center*
- UNC Physicians Network
- UNC Physicians Network Group Practices
- Rex Healthcare / Rex Hospital
- Chatham Hospital
- Caldwell Memorial Hospital
- UNC Rockingham Health Care / UNC Rockingham Hospital
- Johnston Health
- Lenoir Memorial Hospital
- Margaret R. Pardee Memorial Hospital
- Nash Healthcare System / Nash Hospitals
- Wayne UNC Health Care

*UNC Medical Center includes all UNC Hospitals' facilities and the clinical patient care programs of the School of Medicine UNC-Chapel Hill (including UNC faculty physicians).

I. Description

UNCHCS shall ensure that all suspected incidents involving a breach or possible breach of the privacy of PHI shall be investigated.

Included within the scope of this policy are the patient care programs of the UNC School of Medicine (UNC SOM). As a result, this policy shall apply to all UNC SOM personnel, including but not limited to faculty, staff, students, trainees, interns and volunteers who may be full-time, part-time, paid or unpaid who create, store, transmit, access or use any patient information in support of clinical purposes for UNCHCS or any other healthcare entity.
II. Policy

A. **Privacy Incidents and Complaints:** The UNCHCS Privacy Office (or Facility Privacy Officer at a UNCHCS Managed Facility) shall review and/or investigate and attempt to resolve all complaints and incidents relating to breaches of privacy and confidentiality (including notification of affected individuals if applicable) as soon as reasonably possible after a complaint or notification of a suspected incident is received and in no case later than sixty (60) days after the date the incident or complaint was discovered.

B. **Complaints and Reporting of Privacy Incidents.** If any individual believes that his or her own rights, or the rights of another, regarding the privacy and confidentiality of PHI, have been violated, the individual may file a privacy complaint as follows:

1. If the complaint relates to a UNCHCS Owned Facility – the complaint may be filed with the UNCHCS Privacy Office;
2. If the complaint relates to a UNCHCS Managed Facility – the complaint may be filed with the Facility Privacy Office of the UNCHCS Managed Facility.

Federal law also permits individuals to file privacy-related complaints directly with the Secretary of the U.S. Department of Health and Human Services Office for Civil Rights.

C. **Non-Retaliation:** UNCHCS Members will not intimidate, threaten, coerce, discriminate against, or take any other form of retaliatory action against any person filing a complaint or reporting a privacy incident, or inquiring about how to file a complaint or incident report. UNCHCS Member Facilities and all members of their workforce shall refrain from intimidation or retaliation against whistleblowers and complainants in accordance with the UNCHCS Whistleblowers and Anti-Retaliation Policy.

D. **Designated Personnel:** UNCHCS will designate appropriate personnel to review and determine action on privacy complaints and incidents reported to the UNCHCS. These designated staff will also perform these functions when UNCHCS is contacted about complaints filed with the Office for Civil Rights.

E. **Documentation:** All reported privacy complaints and privacy incidents will be documented. Such documentation will be maintained for at least six (6) years, or longer if required by law or other circumstances.

F. **Breach Notification:** In accordance with UNCHCS HIPAA Breach Notification Policy, UNCHCS shall make reasonable efforts to notify affected persons if it is determined that an affected person's protected health information was lost, stolen or the subject of an unauthorized access or disclosure and such loss, theft or unauthorized access or disclosure constitutes greater than a low probability of compromise.

G. **Disciplinary Action:** If a member of the UNCHCS workforce violates any of the UNCHCS HIPAA Policies an appropriate disciplinary action shall be implemented in accordance with the UNCHCS Policy on Sanctions for Violations of Privacy Policies.

III. Definitions

**Workforce** – means employees, including temporary agency or contract employees, health care professionals, including faculty, medical students and interns, volunteers, trainees, and other persons whose conduct, in the performance of work for UNCHCS is under the direct control of UNCHCS, whether or not they are paid by UNCHCS.
IV. References

45 C.F.R. §§ 160.316, 164.308(a)(1)(C), 164.502(j), 164.530(e), (j)

V. Related Policies/Forms

UNCHCS Whistleblowers and Anti-Retaliation Policy
UNCHCS HIPAA Breach Notification Policy
UNCHCS Policy on Sanctions for Violations of Privacy Policies

Attachments:

Approval Signatures

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<tr>
<th>Step Description</th>
<th>Approver</th>
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<tr>
<td>Jerylyn Williams: VP Chief Audit &amp; Comp Officer</td>
<td>01/2019</td>
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<tr>
<td>SYSTEM Site Administrator</td>
<td>Emilie Hendee: HCS-Sr Attorney</td>
<td>01/2019</td>
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<td>David Behinfar: HCS-Privacy Dir</td>
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Applicability

Caldwell Memorial Hospital, Chatham Hospital, Johnston Health, Nash Health Care, UNC Health Care System, UNC Lenoir Health Care, UNC Medical Center, UNC Physicians Network, UNC Rex Healthcare, UNC Rockingham Health Care, Wayne Memorial Hospital