



**Origination:** 07/2018  
**Effective:** 06/2020  
**Last Approved:** 06/2020  
**Last Revised:** 06/2020  
**Next Review:** 06/2023  
**Owner:** *David Behinfar: HCS Exec Dir Privacy*  
**Policy Area:** *HIPAA - Privacy*  
**Policy Tag Groups:**  
**Applicability:** *UNCHCS - All except Pardee*

## Investigating and Responding to Privacy Incidents and Complaints

### APPLICABILITY:

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

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

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

## I. Description

UNC Health 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 UNC Health or any other healthcare entity.

## II. Policy

A. **Privacy Incidents and Complaints:** The UNC Health Privacy Office (or Facility Privacy Officer at a UNC

Health 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 UNC Health Owned Facility – the complaint may be filed with the UNC Health Privacy Office;
  2. If the complaint relates to a UNC Health Managed Facility – the complaint may be filed with the Facility Privacy Office of the UNC Health 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:** UNC Health 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. UNC Health Member Facilities and all members of their workforce shall refrain from intimidation or retaliation against whistleblowers and complainants in accordance with the UNC Health [Whistleblowers and Anti-Retaliation Policy](#).
- D. **Designated Personnel:** UNC Health will designate appropriate personnel to review and determine action on privacy complaints and incidents reported to UNC Health. These designated staff will also perform these functions when UNC Health 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 UNC Health HIPAA [Breach Notification Policy](#), UNC Health shall will 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 UNC Health workforce violates any of the UNC Health HIPAA Policies an appropriate disciplinary action shall be implemented in accordance with the UNC Health 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 UNC Health is under the direct control of UNC Health, whether or not they are paid by UNC Health.

### IV. References

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

## V. Related Policies/Forms

[UNC Health Whistleblowers and Anti-Retaliation Policy](#)

[UNC Health HIPAA Breach Notification Policy](#)

[UNC Health Policy on Sanctions for Violations of Privacy Policies](#)

### Attachments

No Attachments

### Approval Signatures

Step Description	Approver	Date
	Jerylyn Williams: Chief Audit & Compliance Ofcr	06/2020
SYSTEM Site Administrator	Emilie Hendee: HCS Attorney Sr	06/2020
	David Behinfar: HCS Exec Dir Privacy	06/2020

### Applicability

Caldwell Memorial Hospital, Chatham Hospital, Johnston Health, Nash UNC 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