



SAINT LOUIS UNIVERSITY

PRIVACY COMPLAINT

Policy Number: OUC-044

Version Number: 2.0

Effective Date: 04/14/2003

Responsible University Official: Privacy Officer

Approved By: Executive Staff
Legal and Compliance Committee

1.0 INTRODUCTION

Saint Louis University (hereinafter the “University”) is committed to provide services in compliance with all state and federal laws governing its operations, incorporating the highest levels of business and professional ethics. HIPAA requires entities to have a process for individuals to complain about compliance with its privacy policies and procedures and explain how they may file complaints if they believe their privacy rights have been violated. Among other things, a covered entity must identify to whom individuals can submit complaints to at the covered entity and advise that complaints also can be submitted to the Secretary of Health and Human Services.

2.0 PURPOSE

The purpose of this policy is to provide information for management and workforce members for handling privacy complaints.

3.0 PERSONNEL AFFECTED

This policy applies to all regular full-time and part-time faculty and staff and volunteers within all divisions of the University, including employees, professional staff members, residents, agents, representatives and consultants.

4.0 DEFINITIONS

Covered Entity: A healthcare entity required to comply with the HIPAA Privacy Rule and Security Rule. There are (3) types of Covered Entities:

- Health plans (which include employer-sponsored group health plans).
- Health care clearinghouses.
- Health care providers who transmit any health information in electronic form in connection with a listed transaction.

Protected Health Information (PHI): Any individually identifiable health information transmitted or maintained in any form or medium, including oral, written, and electronic. Individually identifiable health information relates to an individual’s health status or condition, furnishing health services to an individual or paying or administering health

care benefits to an individual. Information is considered PHI where there is a reasonable basis to believe the information can be used to identify an individual.

Workforce: Employees, volunteers, trainees, contractors, and other persons under the direct control of the covered entity, whether or not paid by the covered entity, who have access to confidential information.

5.0 POLICY

Any individual who believes his or her rights granted by the Health Insurance Portability and Accountability Act (HIPAA) Privacy regulations or any other state or federal laws dealing with privacy and confidentiality of health information have been violated may file a complaint regarding the alleged privacy violation.

Filing HIPAA Complaints

Any privacy related complaint made by a patient, employee, or volunteer at anytime must be forwarded to the Privacy Officer. Complaints may also be made anonymously by calling the Compliance Hotline (877) 525-5669 or the University Privacy Officer (314) 977-5545.

Investigation of Complaints

Saint Louis University will investigate alleged privacy violations and complaints made by patients regarding alleged breaches of their privacy. Employees and workforce members may be requested to assist in investigations regarding complaints made by patients and other employees who believe fellow employees have violated patient privacy standards.

The University will begin an investigation to determine if a breach of privacy has occurred. Any employee or workforce member found to be in violation of this policy or breaches the confidentiality of a patient's protected health information will be subject to disciplinary action.

6.0 SANCTIONS

Individuals who fail to comply with this policy and the procedures associated with it will be subject to disciplinary actions guided by the University's Staff Performance Management Policy, Faculty Manual, or Student Guidelines.

Non-compliance in this Policy can result in disciplinary action, including but not limited to, restricted incentive payments, suspension or termination. It may also result in the enforcement of a corrective action plan, as well as notification of the suspected misconduct and/or violation to government regulatory agencies.

This Policy does not limit the University's ability to impose greater sanctions or impose immediate action against serious violations. Disciplinary actions appropriate to the severity of the infraction will be carried out as needed.

7.0 CHANGES TO THIS POLICY

Changes to this policy may be necessary from time to time. At a minimum, the policy and all other program policies, procedures and guidelines will be reviewed on an annual basis.

8.0 RELATED POLICIES & DOCUMENTS

- Compliance Hotline Reporting Policy
- Patient Complaint Form

REVISION HISTORY

EFFECTIVE DATE	VERSION NUMBER	MODIFICATION
4/14/2003	1.0	New Policy
7/01/2008	1.1	Review & Change Format
3/01/2015	1.2	Review & Change Format
	2.0	Ownership Shifted from Provost to General Counsel