

**Polk County Wisconsin
CLIENT PRIVACY-RELATED COMPLAINTS**

Policy 601.G

Effective Date: April 15, 2003

Current Revision Date:

Policy

Polk County shall provide a process for the client to file a complaint if the client feels a privacy right has been violated. The client may also file a complaint concerning Polk County's privacy policies and procedures, even without alleging a violation of rights.

The Human Resources Manager shall establish a process for receiving, investigating and responding to client complaints. The client complaint process shall be described in Polk County's notice of client privacy. Polk County also recognizes the client's right to file a complaint with the federal Department of Health and Human Services. Polk County shall cooperate with a federal investigation of the client's complaint.

Any intimidation of or retaliation against clients, families, friends, or other participants in the complaint process is prohibited. Employees who violate this policy are subject to disciplinary action, up to and including termination.

If the client's rights have been violated, employees who violated those rights are subject to disciplinary action, up to and including termination. Polk County shall mitigate, to the extent feasible, any known harmful effects of the violation.

Procedures

A. Filing a Complaint

1. A client may call, write, or present in person to the Human Resources Manager or designated person the alleged privacy violation or complaint.
2. The Human Resources Manager or designated person will summarize the complaint on the Client Complaint Report Form.
3. The Client Complaint Report Form shall be forwarded to the Human Resources Manager if the designated person completed this form.

B. Investigation of Complaint

1. The Human Resources Manager or designated person will facilitate the investigation of the complaint.

C. Response to Complaint

1. A written response will be provided to the client within 30 days from the date the complaint was filed.

2. A written summary of the complaint and action taken will be filed with the Human Resources Manager.
- D. Translators, interpreters, and readers who meet the communication needs of the client may be provided during the complaint process.
 - E. Clients are permitted to have a representative of their choice to represent their interests during the complaint process.
 - F. Occurrences representing potential liability claims will be referred to the Human Resources Director.
 - G. Clients who request an outside agency to review their complaint may contact the Secretary of the federal Department of Health and Human Services at 200 Independence Avenue, S.W.; Washington, DC 20201, or reach the Secretary by phone at (202) 690-7000.
 - H. Documentation
 1. All complaints received must be documented.
 2. All complaint dispositions must be documented.
 3. The documentation must be retained for six years.

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References

- HIPAA Privacy Compliance Manual for Healthcare Providers by Reinhart, Boerner, Van Buren, s.c.

Preemption Issues Section 51.61 Wis. Stats. covering mental health and substance clients in private hospitals or public general hospitals states that grievance procedures must include protections against the application of sanctions against any complainant or any person, including an employee of the department, county department under s. 51.42 or 51.437 or service provider who assists a complainant in filing a grievance.

Section 631.28(1) Wis. Stats. covering insurers states that every insurer shall provide notice to its policyholders and its insureds of the right to file a complaint with the Office of the Commissioner of Insurance in the manner prescribed by rules promulgated under 631.28(2).

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CLIENT COMPLAINT REPORT FORM

Client Name: _____ **Telephone #:** _____

Address: _____

Person Reporting: _____

If other than client above:

Relationship to client: _____ **Telephone #:** _____

Address: _____

Date Received: _____ **Time Received:** _____ **Received By** _____

Report Received: _____ **In Person** _____ **Telephone** _____ **Mail (please attach)**

Specifics of Report:

Summary of investigation:

Response

Respondent: _____ **Date:** _____ **Time:** _____

Method of Response: _____ **In Person** _____ **Telephone** _____ **Mail**

Detail of Response: (Attach if Written)
