



Privacy Administration

Policy # 1.1

Management of Complaints

Original Effective
Date: 6/21/2016

Revised Date:
3/28/2022

Purpose: To establish a formal complaint process for individuals to promptly resolve concerns about the privacy and confidentiality of PHI.

Policy: Travis County investigates and resolves complaints about violations of an Individual's privacy rights and complaints about specific Travis County policies or procedures related to the privacy and the security of PHI. Travis County does not require an Individual to waive the right to complain to receive healthcare treatment or to access health plans. **Workforce members involved in any complaint processes must keep information related to the complaint and complainant as confidential as possible.**

Process:

1. Individuals wishing to make a complaint are instructed to contact the Travis County HIPAA Compliance and Privacy Office, or department Privacy Liaison.
2. Individuals may make a complaint via email, phone, or by filling out the Travis County [HIPAA Complaint Form](#). Complaints received by phone or email are recorded by the HIPAA Compliance and Privacy Office or Privacy Liaison on a Travis County [HIPAA Complaint Form](#).
3. Privacy Liaisons send copies of complaint received by them to the HIPAA Compliance and Privacy Office one business day after receipt. The HIPAA Compliance and Privacy Office logs the complaint.
4. The HIPAA Compliance and Privacy Office or Privacy Liaison communicates with the complainant in writing acknowledging receipt of the complaint and that it will be addressed within thirty **(30)** days, as appropriate. The HIPAA Compliance and Privacy Office will notify the complainant of any delays in meeting this timeline.
5. Complaints are resolved within thirty **(30)** days of the date received by the HIPAA Compliance and Privacy Office or Privacy Liaison unless extenuating circumstances require longer.
6. The HIPAA Compliance and Privacy Office retains documentation related to complaints for at least six **(6)** years from the date of receipt. This documentation includes the complaint, documentation of the resolution of the complaint, and all correspondence with the complainant and others relating to the complaint.

Complaints Submitted pertaining to Commissioners Court Programs

The HIPAA Compliance and Privacy Office directly handles privacy complaints involving departments that report to the Commissioners Court according to the following procedures:

1. The HIPAA Compliance and Privacy Office notifies the department head or division manager, responsible for supervising the person or covered component that is the subject of the complaint.
2. The HIPAA Compliance and Privacy Office investigates the complaint, interviews involved persons and reviews applicable operational procedures. Departments furnish information necessary for the investigation in a timely manner. The HIPAA Compliance and Privacy Office will document **ALL** Complaints as required by [45 CFR Section 164.530\(d\)\(2\)](#).
3. The HIPAA Compliance and Privacy Office prepares a report which may be provided to Legal Counsel for review and advice. The HIPAA Compliance and Privacy Office will determine a resolution of the complaint, which may include suggested operational changes, or changes to policies and procedures.
4. When the findings of the investigation indicate that an employee has violated the privacy policies, the HIPAA Compliance and Privacy Office consults with Human Resource Management Division (HRMD) Employee Relations appropriate Corrective/Disciplinary Actions in accordance with the [Corrective/Disciplinary Action Policy](#). The HIPAA Compliance and Privacy Office informs appropriate managers, **as necessary**, of the recommendation.
5. When the findings of the investigation reveal that a workforce member other than an employee, such as a contractor or a volunteer, has violated the privacy policies, the HIPAA Compliance and Privacy Office will work with the County Executive that oversees the covered component to determine the most appropriate resolution in accordance with the [Corrective/Disciplinary Action policy](#).
6. Departments inform the HIPAA Compliance and Privacy Office of Corrective/Disciplinary Action applied, **if any**, and the outcomes for documentation purposes as required by [45 C.F.R. §164.530\(e\)\(1\)\(2\)](#).
7. The HIPAA Compliance and Privacy Office notifies the complainant, **in writing**, of the resolution of the complaint.

Complaints Submitted pertaining to Non- Commissioners Court Departments

1. When complaints are received by the HIPAA Compliance and Privacy Office, it will forward a copy of the complaint with a tracking number to the appropriate Privacy Liaison within one business day of the receipt of the complaint.
2. The Privacy Liaison, or other workforce member as designated by the Covered Component, initiates an investigation of the complaint in accordance with its department protocol. The Covered Component may consult with the HIPAA Compliance and Privacy Office during the investigation for technical assistance and specific requirements of HIPAA and other medical privacy

laws.

3. The Department determines a resolution of the complaint. Departments are encouraged to include and apply Corrective/Disciplinary Actions in accordance with the [Corrective/Disciplinary Action policy](#) in the resolution. The HIPAA Compliance and Privacy Office and the Human Resources Department are available to provide technical assistance and recommendations during this process.
4. The Department or the HIPAA Compliance and Privacy Office/the Privacy Liaison (at the Department's request), responds to the complainant within thirty **(30)** days of receipt of the complaint. This response will advise the Individual of the resolution of his or her complaint.
5. The Department provides the HIPAA Compliance and Privacy Office with **ALL NECESSARY DOCUMENTATION** related to the complaint. The documentation includes the complaint, documentation of the resolution of the complaint and relevant investigation information to enable the HIPAA Compliance and Privacy Office to document **ALL** Complaints as required by [45 CFR Section 164.530\(d\)\(2\)](#).
6. The HIPAA Compliance and Privacy Office retains documentation related to the complaint for at least six **(6)** years from the date of receipt.