

## **HIPAA Privacy Rule PAT-606: Resolution of Patient Complaints**

### **I. Policy**

It is USC's<sup>1</sup> policy to:

- A. Provide a process for individuals to make complaints regarding USC's compliance with the Privacy Rule.
- B. Review and resolve any complaints it receives regarding its compliance with the Privacy Rule and the Privacy Policies (collectively, "Privacy Complaints").

### **II. Procedures**

- A. Who to Contact. All Privacy Complaints received by USC must be forwarded to the USC Office of Compliance for review and resolution.
- C. Investigation Procedures. The Privacy Officer or his or her designee shall conduct and document the investigation in accordance with its policies and procedures for resolving similar complaints. Privacy complaints shall be documented in the Compliance Incident Response System (CIRS).
- D. Time Frame for Resolution. The Privacy Officer or designee shall use reasonable best efforts to complete the investigation of the Privacy Complaint promptly.
- E. Mitigation and Sanctions. The Privacy Officer or designee shall implement a mitigation and sanctions plan described in the USC HIPAA Mitigation and Sanctions policy, as appropriate or necessary depending on the circumstances.

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<sup>1</sup> For purposes of the HIPAA Privacy Rule, USC includes those entities that comprise Keck Medicine of USC, including but not limited to, USC Norris Cancer Hospital, Keck Hospital of USC, USC's employed physicians, nurses and other clinical personnel, those units of USC that provide clinical services within the Keck School of Medicine, School of Pharmacy, the Herman Ostrow School of Dentistry, Physical and Occupational Therapy as well as the Keck Doctors of USC, USC Care Medical Group, affiliated medical foundations of Keck and their physicians, nurses and clinical personnel, USC Verdugo Hills Hospital, its nurses and other clinical personnel, Verdugo Radiology Medical Group, Verdugo Hills Anesthesia, and Chandnish K. Ahluwalia, M.D., Inc. and those units that support clinical and clinical research functions, including the Offices of the General Counsel, Audit and Compliance.

- F. Breach Notification. USC shall report breaches in accordance with state and federal law.
- G. Document Retention. USC shall retain copies of the documentation listed in Section II.B for a period of six (6) years from the date that the Privacy Complaint is resolved.

### **Additional References**

45 CFR 164.530(d)

### **Responsible Office**

Office of Compliance  
<http://ooc.usc.edu/>  
[complan@usc.edu](mailto:complan@usc.edu)  
(213) 740-8258

**Executed by:** \_\_\_\_\_  
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