Policy Summary

Consistent with the HIPAA Privacy Rule, the UW-Madison requires each of its Health Care Component units to designate a Privacy Coordinator to receive HIPAA privacy complaints from patients/clients and to provide further information in response to patient/client requests. This document sets forth the process to be used for patients to make HIPAA privacy complaints to UW-Madison.

Who This Policy Applies To

Applies to all members of the UW-Madison Health Care Component.

Rationale

In enacting HIPAA, Congress mandated the establishment of Federal standards for the privacy of individually identifiable health information. Under the patchwork of laws existing prior to adoption of HIPAA and the Privacy Rule, personal health information could be distributed—without either notice or authorization—for reasons that had nothing to do with a patient's medical treatment or health care reimbursement. For example, unless otherwise forbidden by State or local law, without the Privacy Rule patient information held by a health plan could, without the patient’s permission, be passed on to a lender who could then deny the patient’s application for a home mortgage or a credit card, or to an employer who could use it in personnel decisions. The Privacy Rule establishes a Federal floor of safeguards to protect the confidentiality of medical information. State laws which provide stronger privacy protections apply over and above the new Federal privacy standards.

Policy Detail

1. Each unit of the UW HCC must designate a Privacy Coordinator, along with an associated telephone number and address, to receive HIPAA-related complaints and questions. The Privacy Officer functions as the Privacy Coordinator for those units comprised of personnel that perform business support functions on behalf of the units that provide health care.

2. Each Privacy Coordinator will be directly accountable to the administrative officer to whom he or she reports (e.g., CEO, Provost, Dean or Director) for proper and careful handling of complaints and questions, if any are filed.
3. Each Privacy Coordinator will use the usual unit processes to provide patient/client satisfaction and improve patient/client care on an informal basis.

3.1 For concerns and questions that can be answered and resolved at the unit level, no other review process is needed.

3.2 The Privacy Coordinator may consult with the UW HIPAA Privacy Officer and UW Office of Legal Affairs to assist in resolving and responding to complaints and questions.

4. If the complaint or question cannot be resolved to the satisfaction of the patient/client at the unit level or, if at any time, the patient/client indicates that he/she wishes to make a written complaint related to a HIPAA privacy matter, the following procedures will be followed:

4.1 The Privacy Coordinator will provide the patient/client with the “Patient Privacy Complaint” form, with instructions on how to complete and file the complaint.

4.2 The written complaint may be filed either with the unit or directly with the UW HIPAA Privacy Officer.

4.3 If the written complaint is filed with the unit, the unit must, within 24 hours of filing, fax a copy of the complaint to the UW HIPAA Privacy Officer.

4.4 The UW HIPAA Privacy Officer will request and review all information related to the complaint developed at the unit, initiate further investigation (if needed), consult with appropriate officials of UW-Madison, and make a decision concerning the appropriate response to the complaint. The UW HIPAA Privacy Officer, on behalf of UW-Madison, will respond in writing to the patient/client.

4.5 In cases where one or more covered entities, in addition to UW-Madison, are involved in the complaint, the HIPAA Privacy Officers of all of the covered entities involved should confer and decide upon a mutually agreeable response. One or more of the Privacy Officers involved will sign the written response to the patient/client in such cases.

5. Reports to Unit Deans and Directors

The UW-Madison Privacy Officer will periodically report to each of the Deans and Directors of the units of the UW HCC on the number and nature of the complaints filed and the resolution of these complaints related to their units.

Consequences for Non-Compliance

Failing to comply with this policy may result in discipline for the individual(s) responsible for such non-compliance.

Further, the US Department Health and Human Services (HHS) Office for Civil Rights (OCR) is responsible for enforcing the HIPAA Privacy and Security Rules, and an individual’s non-compliance may result in institutional non-compliance and/or an investigation by OCR. OCR attempts to resolve investigations by obtaining voluntary compliance and entering into Corrective Action Plans and Resolution Agreements. Failures to comply with HIPAA or cooperate with OCR in an investigation may result in civil and/or criminal penalties.
Supporting Tools

Additional information may be found at www.compliance.wisc.edu/hipaa

Definitions

1. **UW-Madison Health Care Component** (“UW HCC”): Those units of the University of Wisconsin-Madison that have been designated by the University as part of its health care component under HIPAA. See HIPAA Policy 1.1 “Designation of UW-Madison Health Care Component” for a listing of these units.

2. **UW-Madison HIPAA Privacy Officer**: The individual appointed by the University of Wisconsin-Madison to be the Privacy Officer as required by the HIPAA Privacy Rule.

Responsibilities

HIPAA Privacy Officer
HIPAA Security Officer

Link to Current Policy

[TBD]

Link to Related Policies

https://compliance.wisc.edu/policies-and-forms/

Link to Policy History

N/A

Review / Approval

- HIPAA Executive Board, March 26, 2020