



## POLICY AND REGULATIONS MANUAL

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Effective Date: 06/23/2003  
Board Motion No: 03.6-265  
Last Review Date: 09/14/2021  
Due For Review: 09/14/2024

**TITLE: COMPLAINTS REGARDING PRIVACY AND SECURITY**

**PURPOSE:** To define a process for submitting and addressing complaints related to alleged violations of federal and state privacy and security laws.

### **POLICY STATEMENT:**

Harris Health System (Harris Health) patients, visitors, and workforce members may submit complaints regarding alleged violations of federal and/or state privacy and/or security laws, including violations of patient confidentiality or Harris Health privacy and/or information security policies or procedures, to Harris Health’s privacy officer for investigation.

All workforce members are required to report suspected violations of patient-privacy policies to the Office of Corporate Compliance ***within 24 hours of discovery***. Failure to timely report suspected violations of patient-privacy policies could result in disciplinary action under Harris Health System Policy and Procedures 3.11.104 Sanctions for Failure to Comply with Privacy and Information Security Policies.

### **POLICY ELABORATIONS:**

#### **I. DEFINITIONS:**

- A. **BUSINESS ASSOCIATE (BA):** A person or entity that provides certain functions, activities or services for, to, or on behalf of a Covered Entity involving the use and/or Disclosure of Protected Health Information as further defined in the Health Insurance Portability and Accountability Act (HIPAA) regulations.
- B. **CHIEF INFORMATION SECURITY OFFICER (CISO):** An individual responsible for the management and supervision of the use of security measures to protect data and the conduct of Harris Health Workforce members in relation to the protection of data as further defined in Harris Health policy and procedure 3.11.801 Security Roles and Responsibilities.
- C. **COVERED ENTITY (CE):** A health plan, a health care clearinghouse, or a health care provider (Harris Health) that electronically transmits health information covered by the HIPAA regulations. Harris Health is a Covered Entity.



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- D. **DISCLOSURE:** The release, transfer, provisions of, access to, or divulging in any manner protected health information outside of Harris Health.
- E. **INDIVIDUALLY IDENTIFIABLE HEALTH INFORMATION (IIHI):** Information that is a subset of health information, including demographic information collected from an individual, and:
1. Is created or received by a healthcare provider, health plan, employer, or healthcare clearinghouse; and
  2. Relates to the past, present, or future physical or mental condition of an individual, the provision of health care to an individual, or the past, present or future payment for the provision of health care to an individual; and
    - a. Identifies the individual; or
    - b. With respect to which there is a reasonable basis to believe the information can be used to identify the individual.
- F. **PROTECTED HEALTH INFORMATION (PHI):** IIHI that is created, received, transmitted, or maintained by Harris Health in any form or medium that relates to the patient's healthcare condition, provision of health care, or payment for the provision of health care, as further defined in the HIPAA regulations. PHI includes, but is not limited to the following identifiers:
1. Name;
  2. All geographic subdivisions smaller than a State, including street address, city, county, precinct, zip code, and their equivalent geocodes, except for the initial three digits of a zip code if, according to the current publicly available data from the Bureau of the Census:
    - a. The geographic unit formed by combining all zip codes with the same three initial digits contains more than twenty-thousand (20,000) people; and
    - b. The initial three (3) digits of a zip code for all such geographic units containing twenty thousand (20,000) or fewer people is changed to 000.

# HARRIS HEALTH SYSTEM

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3. All elements of dates (except year) for dates directly related to an individual, including birth date, admission date, discharge date, date of death; and all ages over eighty-nine (89) and all elements of dates (including year) indicative of such age, except that such ages and elements may be aggregated into a single category of age ninety (90) or older;
  4. Telephone numbers;
  5. Fax numbers;
  6. Electronic mail addresses;
  7. Social Security numbers;
  8. Medical record numbers;
  9. Health plan beneficiary numbers;
  10. Account numbers;
  11. Certificate/license numbers;
  12. Vehicle identifiers and serial numbers, including license plate numbers;
  13. Device identifiers and serial numbers;
  14. Web Universal Resource Locators (URLS);
  15. Internet Protocol (IP) address numbers;
  16. Biometric identifiers, including finger and voice prints;
  17. Full face photographic image and any comparable images; and
  18. Any other unique identifying number, characteristic, or code, except as permitted for re-identification purposes.
- G. **PRIVACY OFFICER:** An individual designated by Harris Health who is responsible for the development and implementation of the privacy-related functions of Harris Health as further defined in Harris Health Policy and Procedures 3.11.101 Privacy Officer, Roles, and Responsibilities.
- H. **USE:** Regarding PHI, the sharing, employment, application, utilization, examination, or analysis of such information within an entity that maintains such information.



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- I. **WORKFORCE:** Harris Health System Board of Trustees, employees, Medical Staff, trainees, contractors, volunteers, and vendors. Employees (permanent or temporary) include volunteers, trainees and other persons whose conduct, in the performance of work for Harris Health, is under the direct control of Harris Health, whether or not they are paid by Harris Health.<sup>1</sup>

## II. SUBMISSION & INVESTIGATION OF COMPLAINTS:

- A. Complaints regarding Harris Health's alleged violations of federal and/or state privacy or security laws and/or Harris Health's privacy and/or security policies and/or procedures are submitted using the following methods:

1. In writing, such as an email (PatientPrivacy@harrishealth.org) or written complaint sent to the Privacy Officer or the CISO;
2. In person, in which the Privacy Officer, the CISO, or a designee will document the complaint in writing for the individual;
3. By US Mail addressed to:

Harris Health System  
Office of Corporate Compliance – Patient Privacy  
4800 Fournace, 2C  
Bellaire, Texas 77401

4. By phone, via the Compliance Hotline at 1-800-500-0333 or a direct call to the Privacy Officer or CISO or their designee.

- B. Complaints may be submitted anonymously using any method above.
- C. All complaints will be investigated by the Privacy Officer, the CISO, or their designee depending on the nature of the complaint.

<sup>1</sup>Medical Staff members are not part of Harris Health's workforce as the term "Workforce" is defined under HIPAA, and Harris Health does not directly control members of the Medical Staff. However, Harris Health expects all members of the Medical Staff to follow and abide by Harris Health's policies and procedures.



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- D. All investigations, including the conclusion of the investigation, conducted by the Privacy Officer, the CISO, or their designee will be documented, and the Privacy Officer will retain the documentation of the investigation for six (6) years from the date the documentation was created or received.<sup>2</sup>

### III. SUBMISSION OF COMPLAINTS TO THE SECRETARY:

- A. To file a privacy or security complaint with the Secretary of the Department of Health and Human Services, a complainant must submit the complaint in writing to the following address:

Office for Civil Rights  
U.S. Department of Health and Human Services  
1301 Young Street, Suite 106  
Dallas, TX 75202  
Customer Response Center: (800) 368-1019  
Fax: (202) 619-3818  
TDD: (800) 537-7697  
Email: [ocrmail@hhs.gov](mailto:ocrmail@hhs.gov)<sup>3</sup>

- B. The complaint must name Harris Health as the subject of the complaint and describe the complaint against Harris Health.
- C. The complaint must be filed within one hundred eighty (180) days of the time the person knew or should have known that the act or omission complained of occurred, unless the Secretary for good cause waives the time limit.<sup>4</sup>

### IV. BUSINESS ASSOCIATES:

Harris Health will investigate all complaints that its Business Associates have violated federal or state privacy or security laws or Harris Health's privacy and security policies and procedures, or the terms of the Business Associate Agreement. Harris Health will resolve all such complaints and act on such information, as appropriate.

<sup>2</sup> 45 CFR 164.316(b)(2).

<sup>3</sup> Contact Us, Office for Civil Rights, available at <https://www.hhs.gov/ocr/about-us/contact-us/index.html> (last visited Oct. 27, 2020).

<sup>4</sup> 45 C.F.R. § 160.306(b).



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**V. NON-RETALIATION:**

Harris Health will not retaliate against any person who files a complaint regarding violations of federal and/or state privacy and/or security laws to Harris Health and/or to the Secretary of the Department of Health and Human Services.

**REFERENCES/BIBLIOGRAPHY**

45 CFR § 164.530(d)(1)

45 C.F.R. § 160.306(b)

<https://www.hhs.gov/ocr/about-us/contact-us/index.html>

Harris Health System Policy and Procedures 3.11.101 Privacy Officer, Roles, and Responsibilities

Harris Health System Policy and Procedures 3.11.801 Security Official Roles and Responsibilities

**OFFICE OF PRIMARY RESPONSIBILITY:**

Harris Health System Office of Corporate Compliance

**REVIEW/REVISION HISTORY:**

Effective Date	Version # (If Applicable)	Review/ Revision Date (Indicate Reviewed or Revised)	Approved by:
	Original 1.0		President & CEO
06/23/2003		06/23/2003	Board of Managers (Board Motion Number 03.6-265)
05/28/2005	2.0	Approved 05/28/2005	President & CEO
	3.0	Approved 09/14/2010	Operations Policy Committee
	4.0	Approved 10/14/2014	Operations Policy Committee
	5.0	Approved 10/27/2017	Structure and Organizational Standards Committee
		Approved 11/10/2020	Structure and Organizational Standards Committee
		Approved 09/14/2021	Structure and Organizational Standards Committee