

LOS ANGELES GENERAL MEDICAL CENTER POLICY

Subject: PROTECTED HEALTH INFORMATION (PHI): COMPLAINTS RELATED TO	Original Issue Date: 6/10/08	Policy # 203.7
	Supersedes: 11/8/16	Effective Date: 05/09/23
Policy Owner(s): Director, Health Information Management Executive Sponsor(s): Chief Executive Officer		
Departments Consulted: Privacy Council Health Information Management Information Services Ethics Resource Committee	Reviewed & Approved by: Attending Staff Association Executive Committee Senior Executive Officer	Approved by: Chief Executive Officer
		Chief Executive Officer

PURPOSE

The purpose of this policy is to outline procedures of Los Angeles General Medical Center for processing privacy related complaints.

POLICY:

The Medical Center Privacy Office will investigate all privacy complaints in compliance with the Privacy Office’s internal policies and procedures and report the findings back to the Patient Relations staff within 5 business days of notification.

DEFINITIONS

Complaint A disclosure of suspected privacy breach.

Complainant: An individual who reports a privacy-related complaint to the health care facility. A Complainant may be a patient, a Medical Center Workforce Member or a business associate the Medical Center.

Medical Center Privacy Office The office in the Los Angeles General Medical Center which is responsible for the investigation of privacy related complaints.

STANDARDS

1. All written complaints must be documented in writing and responded to by Patient Relations to in compliance to Medical Center Policy 217.
2. All privacy complaints will be investigated according to the Medical Center Privacy Office’s internal policies and procedures and findings will be reported to the Patient Relations staff within 15 business days of notification.
3. Complaints may be filed against members of the Medical Center’s Workforce, members of the Medical Center’s Business Associate’s Workforce, DHS Privacy policies and procedures or DHS Business Associate’s policies and procedures.

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- 4. Anonymous complaints will be permitted; however, the Complainant should be informed that insufficient detail may delay, hinder or prevent a full investigation.
- 5. Documented complaints and results will be maintained for six years.

RESPONSIBILITY

Administrators
All Employees

REFERENCES

45 Code of Federal Regulations §164.520(d)(1)
DHS Policy No. 361.11, Complaints Related to the Privacy of Protected Health Information (PHI)
DHS Policy No. 390.101, Legal Medical Record
Los Angeles General Medical Center Policy No. 217, Complaint, Patient/Visitor Joint Commission Standards (Ethics, Rights, and Responsibilities) Business Records Exception, Federal Evidence 803(6)

REVISION DATES

June 10, 2008; September 25, 2008; October 8, 2013; November 8, 2016, May 09, 2023