HIPAA COMPLAINT & SANCTION POLICIES & PROCEDURES

Waushara County hereby adopts the following Policies and Procedures which shall be instituted and followed by the County for complaints to the covered entity.

1. **Compliance with the Privacy Standards.** Waushara County at all times shall comply with the requirements of the Privacy Standards. In the event the Privacy Standards are amended, these Policies and Procedures shall be deemed to be amended in accordance therewith.

2. **Compliance with the Security Standards.** Waushara County at all times shall comply with the requirements of the Security Standards. In the event the Security Standards are amended, these Policies and Procedures shall be deemed to be amended in accordance therewith.

3. **Specific Procedures for Compliance – Internal Complaints, Mitigation.** Any complaints by individuals regarding non-compliance with the Privacy and Security Standards or Waushara County’s privacy and security policies and procedures shall be directed to the contact person specified in the Waushara County Notice of Privacy Practices. If the contact person is unable to handle the matter because of a conflict or if the individual is not satisfied with the decision of the contact person, the complaint shall be directed to the Waushara County Privacy Officer. Waushara County shall keep a record of all written and oral complaints received and a brief explanation of their disposition. Waushara County shall be responsible for:

   (a) investigating any complaints (for example, by interviews or review of relevant documents); and
   
   (b) mitigating, to the extent practicable, any harmful effect that is known to Waushara County of a use or disclosure of PHI in violation of the Policies and Procedures of the Privacy or Security Standards; and
   
   (c) resolving any complaints, including, if necessary, by making changes to Waushara County’s privacy notices and/or other policies and procedures.

A written explanation of the disposition of each complaint shall be furnished to the individual who made the complaint within thirty (30) days receipt of the complaint. Waushara County will not retaliate against any individual for filing a complaint.

Translators, interpreters, and readers who meet the communication needs of the individual may be provided during the complaint process.

Individuals are permitted to have a representative of their choice to represent their interests during the complaint process.

The Waushara County Privacy Officer is the Corporation Counsel and may be contacted at 209 South Saint Marie Street, 2nd Floor of the Courthouse, PO Box 300, Wautoma, Wisconsin 54982 or at (920) 787-0409.
Individuals who wish to have an outside agency to review their complaint may contact the Secretary of the federal Department of Health and Human Services at 200 Independence Avenue, S.W.; Washington, DC 20201, or may reach the Secretary by phone at (202) 690-7000.

4. Specific procedures for Compliance – Sanctions. The following sanctions may be imposed against any employee of Waushara County who breaches the Waushara County privacy policies and procedures:

**Intentional Violations** – Termination and possible referral to the Department of Justice for possible criminal charges. In this policy, an intentional violation may be an intentional use or disclosure for personal gain, commercial advantage or malicious harm to the individual or intentional use or disclosure with disregard to individual or the County.

**Unintentional Violations** –

1st offense: Oral reprimand & Training
2nd offense: Written reprimand & Training
3rd offense: Minimum Three (3) days' suspension without pay & Training
4th offense: Termination of employment

Notwithstanding the above, the Waushara County Privacy Officer shall have the authority to recommend the imposition of a greater sanction of the Privacy Officer believes it is called for by the severity of the violation. All sanctions imposed shall be documented in the employee’s personnel file. Further, documentation of any sanction imposed shall be maintained for a minimum of six (6) years as required by HIPAA.

Effective Date: ________________

Signed By: ________________
Norman Weiss, County Board Chair
CLIENT COMPLAINT REPORT FORM

Client Name: __________________________ Telephone #: _______________________

Address:
__________________________________________________________________________

Person Reporting:
__________________________________________________________________________

If other than client above:

Relationship to client: __________________ Telephone #: _______________________

Address:
__________________________________________________________________________

Date Received: _________ Time Received: _______ Received By _______

Report Received: _____ In Person _____ Telephone _____ Mail (please attach)

Specifics of Report:
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Response

Respondent: _________________ Date: ___________ Time:___________

Method of Response: _______In Person  ________ Telephone  _______Mail

Detail of Response: (Attach if Written)

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