

Texas Tech University Health Sciences Center El Paso HIPAA Privacy Policy

Administration	Policy: HPP 1.7
Complaints related to Privacy and Security of PHI	Effective Date: November 17, 2009
References: HSCEP OP 52.04, Report and TTUHSC EP Internal Investigation ; 45 CFR 164.102 and 103: http://www.hhs.gov/ocr/hipaa	
TTUHSC El Paso HIPAA Website: http://elpaso.ttuhscc.edu/hipaa/	

Policy Statement

This policy identifies the mechanisms for receiving complaints from individuals regarding TTUHSC's compliance with the requirements of the HIPAA Privacy and Security Standards.

Scope

This policy applies to all health care clinical service areas owned and/or operated by TTUHSC El Paso.

Policy

Procedure

- I. TTUHSC El Paso will provide a process for individuals to file complaints concerning its policies and procedures regarding the use of disclosure of PHI, or its compliance with such policies and procedures.
- II. Contact persons: Institutional Privacy Officer; Associate Managing Director Compliance.
- III. Individuals will not be expected or required to waive his/her rights to file a complaint with the Department of Health and Human Services as a condition of the provision of treatment, payment, enrollment in a health plan, or eligibility of benefits.
- IV. Institutional Privacy Officer will document all complaints received and their disposition, if any, for at least six (6) years from the date of its creation or the date when it last was in effect, whichever is later.
- V. The Institutional Privacy Officer should be contacted in order to file complaints concerning TTUHSC El Paso's HIPAA policies and procedures required by the HIPAA privacy rule, or its compliance with such policies and procedures.

Knowledge of a violation or potential violation of this policy must be reported directly to Institutional Privacy Officer or the Fraud and Misconduct Hotline at (866) 294-9352 or www.ethicspoint.com under Texas Tech University System.

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Frequency of Review

This policy will be reviewed on each odd-numbered year (ONY) by the Institutional Privacy Officer, and the HIPAA Privacy and Security Committee, but may be amended or terminated at any time.

Questions regarding this policy may be addressed to the [Institutional Privacy Officer](#) or [Institutional Compliance Officer](#).

Review Date: January 5, 2021

Revision Date: May 1, 2015, September 30, 2016, March 19, 2019, January 19, 2021