

**Weber Family Chiropractic PC**  
**Complaints, Sanctions and Mitigation**

Policy No.: 10

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Approvals: Dr. Scott Weber \_\_\_\_\_

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Title: Office Manager

Title:

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**I. POLICY**

It is the policy of Weber Family Chiropractic PC to provide patients (or their authorized representatives) an opportunity to file a complaint with Weber Family Chiropractic PC regarding any perceived violation of Weber Family Chiropractic PC's privacy policies or practices. Weber Family Chiropractic PC also encourages staff members to report perceived violations by other staff members or other persons, including business associates, vendors, contractors and temporary employees. Weber Family Chiropractic PC will promptly investigate all complaints and implement corrective action whenever necessary to mitigate a violation and prevent future violations of the same type. This Policy supersedes any previous policy on this subject matter.

**II. PURPOSE**

The purpose of this Policy is to outline the steps to inform patients of their right to file a complaint, to investigate any complaints received and to implement corrective action, including sanctions and mitigation.

**III. SCOPE**

This Policy applies any time a patient or staff member wishes to file or files a complaint involving Weber Family Chiropractic PC's privacy policies and practices. It does not apply to other types of complaints that might be made by a patient or the patient's authorized representative, e.g., quality of care, billing.

**IV. PROCEDURES**

**A. Informing Patients Of Right To File Complaint**

1. Dr. Scott Weber will include an explanation of a patient's right to file a complaint regarding any perceived violation by any personnel in Weber Family Chiropractic PC of the privacy policies or practices of Weber Family Chiropractic PC in the following documents:

- a. The Notice of Health Information Practices; and

- b. In any denial letter sent by Weber Family Chiropractic PC to a patient with respect to any of the privacy rights of the patient, i.e., the right to restrict use or disclosure, the right to inspect and/or copy, the right to request alternative communications or the right to amend or correct health information.

2. Dr. Scott Weber will update the Notice of Health Information Practices any time the contact person, contact address or telephone number change.

## **B. Preparation of Complaint Log and Complaint Form**

1. Dr. Scott Weber will prepare a log for the documentation of every complaint received by Weber Family Chiropractic PC that in any way involves a patient's privacy rights or the confidentiality of patient health information. The log will have fields for entry of the following information:

- a. date of receipt of complaint;
- b. name/address/phone number of complainant (if known);
- c. brief description of complaint;
- d. corrective action proposed;
- e. date(s) corrective action taken; and
- f. date and type of response to patient.

2. Dr. Scott Weber will prepare a privacy complaint form for use in documenting complaints from patients or staff members regarding perceived violations of the privacy policies and practices of Weber Family Chiropractic PC.

## **C. Receiving and Investigating Complaints**

1. If a patient states a complaint or if a staff member reasonably believes that a patient is upset about an incident that in any way involves the patient's privacy rights or the confidentiality of the patient's health information, the staff member will be responsible for filing a complaint by completion of a complaint form. The staff member will encourage the patient to complete the form. If the patient declines to do so, the staff member will complete the form on behalf of the patient. If a patient wants to file the complaint by mail or fax, the staff member will instruct the patient to state on the envelope or fax cover sheet: "Confidential/Attn: Dr. Scott Weber (privacy officer)." A complaint may be made anonymously by a patient as long as the patient understands that Weber Family Chiropractic PC cannot respond directly to the patient in such instances.

2. If a staff member sees a violation of the privacy policies or practices of Weber Family Chiropractic PC by another staff member or other person (e.g., business associate, vendor, contractor, temporary employees), the staff member will complete a complaint form and place it in an envelope marked "Confidential/Attn: Dr Scott Weber (privacy officer)." Complaints may be made anonymously.

3. The staff member receiving a complaint form or completing a complaint form will promptly forward all complaints to Dr. Scott Weber (privacy officer).

4. Any envelope marked as in No. 1 and 2 above will not be opened by anyone other than Dr. Scott Weber (privacy officer).

5. Dr. Scott Weber (privacy officer) will review the complaint and document the allegations in the Privacy Complaint Log within five (5) days of the receipt of the complaint.

6. Dr. Scott Weber (privacy officer) will initiate, within fifteen (15) days of receipt of a complaint, an investigation of the allegations contained in the complaint, including, but not limited to, the conduct of any of the following activities that may be appropriate:

- a. interviewing the patient (only if the patient filed the complaint);
- b. interviewing the subject staff member and obtaining a written statement from same;
- c. interviewing any witnesses to the incident and obtaining written statements of same; and/or
- d. reviewing medical record entries or other relevant documents.

Dr. Scott Weber privacy officer may engage consultants to assist in the investigative process.

7. At the conclusion of the investigation of a complaint, Dr. Scott Weber (privacy officer) will prepare a confidential report of the findings and the recommended corrective action to be taken. Dr. Scott Weber (privacy officer) will promptly implement any recommended re-education of staff and/or revisions to existing policies to clarify required procedures. If the recommended action involves sanctions or mitigation discussed in Section D below, Dr. Scott Weber (privacy officer) will obtain the approval of officers or governing body of Weber Family Chiropractic PC before implementing the recommended sanctions and/or mitigation. The corrective action plan and the date(s) corrective action is taken will be documented in the Privacy Complaint Log.

8. In the case of a complaint filed by a patient, Dr. Scott Weber (privacy officer) will send a written response to the patient, within forty-five (45) days after receipt of a complaint and in the form attached to this Policy, briefly discussing the findings of the investigation (whether or not they confirm a violation of Weber Family Chiropractic PC's privacy policies and practices) and, if a violation has been found, a statement that corrective action will be taken. The letter will not give details regarding any employee sanctions or other employee matters. The letter will explain any action taken with respect to the patient's health information, such as a correction or amendment or notice to third parties affected by a violation.

9. Dr. Scott Weber (privacy officer) will maintain all complaint forms, the Privacy Complaint Log and all investigative materials in a confidential and secure manner. All documents related to a complaint will be retained for six (6) years after the date on the letter response to the patient or the last document generated in the complaint process.

#### **D. Implementing Sanctions and Mitigation**

1. Dr. Scott Weber (privacy officer) will develop new provisions to the personnel policies of Weber Family Chiropractic PC to specifically address the types of discipline that may be

imposed in the event that a staff member violates the privacy policies and/or practices of Weber Family Chiropractic PC. The sanctions may be in addition to any other disciplinary action available under the personnel policies. Monetary penalties may be included as sanctions. Re-education will not be considered a sanction, as the term “sanction” is used in this Policy. In each case of violation of the privacy rights of a patient or of the confidentiality of patient health information, Dr. Scott Weber (privacy officer) will determine if the imposition of a sanction is appropriate.

2. In the event that a staff member files a complaint regarding the actions of another staff member or other person (e.g., business associate, vendor, contractor, temporary employees) and the patient is not aware of the violation that is the subject of the complaint, Dr. Scott Weber (privacy officer) will, upon a finding that the violation did occur, recommend an appropriate and practicable way to mitigate the harm caused by, or potential harm that might be caused by, the violation. The recommendation will include notification to the patient, unless there is good cause to believe this is not practicable or appropriate. Dr. Scott Weber (privacy officer) will obtain the approval of the officers or governing body of Weber Family Chiropractic PC prior to notifying the patient or taking any other action that involves persons not employed by Weber Family Chiropractic PC.

3. Dr. Scott Weber (privacy officer) will ensure that no retaliatory action, including intimidation, threats, coercion and discrimination, is taken:

- a. against any staff member who files a complaint against another staff member or other person in good faith;
- b. against a patient who files a complaint against any staff member or Weber Family Chiropractic PC in good faith; or
- c. against any person that testifies, assists or participates in any investigation.

#### **E. Filing Complaints with DHHS**

1. A patient or a staff member may, in addition to or in lieu of filing a complaint with Weber Family Chiropractic PC, file a complaint with the Secretary of the U.S. Department of Health and Human Services (“DHHS”). A complaint to DHHS must meet the following requirements:

- a. must be in writing, either paper or electronic medium;
- b. must name the person (individual or entity) that is the subject of the complaint;
- c. must describe the acts or omissions that are the basis for the alleged violation; and
- d. must be filed within 180 days of the date that the complainant knew or should have known about the acts or omissions (DHHS may waive the deadline for good cause).

Complaints should be mailed to:

United States Department of Health and Human Services  
200 Independence Ave., SW  
Washington DC, 20201

2. DHHS may, but is not required to investigate complaints. If it investigates, it may review pertinent policies, procedures and practices and review the circumstances surrounding the alleged acts or omissions. Weber Family Chiropractic PC will cooperate with an investigation that involves Weber Family Chiropractic PC or any of its staff members and will require its business associates, vendors, contractors and temporary staffing agencies to cooperate as well. Weber Family Chiropractic PC will, after consultation with counsel, provide access by DHHS to its facilities, policies, books, records, accounts and patient health information, as necessary to the investigation. DHHS will maintain the confidentiality of patient health information unless required by law to disclose it or if necessary to enforce compliance.

3. DHHS will send written notice to Weber Family Chiropractic PC, if applicable, and the complainant of its findings. If a violation is found, DHHS will attempt to resolve the complaint by informal means if possible.

**Complaint Form**

Person Completing Form: \_\_\_\_\_ Patient      \_\_\_\_\_ Family Member      \_\_\_\_\_ Staff Member

Source of Information: \_\_\_\_\_ Self      \_\_\_\_\_ Family Member      \_\_\_\_\_ Staff Member

Name: \_\_\_\_\_  
\_\_\_\_\_

Home Address: \_\_\_\_\_  
\_\_\_\_\_

Home Phone: \_\_\_\_\_ Complaint File Date: \_\_\_\_\_  
\_\_\_\_\_

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**Please provide the following information:**

Description \_\_\_\_\_ of \_\_\_\_\_ Incident(s) involved): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Date of Incident(s) or Event(s): \_\_\_\_\_  
\_\_\_\_\_

Witnesses to Incident(s) or Event(s): \_\_\_\_\_  
\_\_\_\_\_

Signature of Complainant: \_\_\_\_\_  
\_\_\_\_\_

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**OFFICE USE ONLY:**

Reviewed By: \_\_\_\_\_ Date: \_\_\_\_\_  
\_\_\_\_\_

Privacy Complaint Log Entry Date: \_\_\_\_\_  
\_\_\_\_\_

Investigation By: \_\_\_\_\_  
\_\_\_\_\_

Start Date: \_\_\_\_\_ End Date: \_\_\_\_\_  
\_\_\_\_\_

Date of Report: \_\_\_\_\_

Summary  
Action: \_\_\_\_\_  
\_\_\_\_\_

Date of Response to Complainant: \_\_\_\_\_ (Attach letter)

Sanctions: \_\_\_\_\_ Yes \_\_\_\_\_ No      Patient Notified: \_\_\_\_\_ Yes \_\_\_\_\_  
\_\_\_\_\_ No

Date of Approval of Governing Body (if applicable): \_\_\_\_\_  
\_\_\_\_\_

Complaint Log Completed: \_\_\_\_\_  
\_\_\_\_\_

