



Policies and Procedures

Subject: HIPAA Complaints
Policy Number: HIPAA 3.3
Effective Date: 12/16/03
Entity Responsible: Division of General Counsel
Revision Date: 1/18/2023

1. Purpose:

To provide a process for the receipt, review, investigation, documentation, mediation, and resolution of both privacy and security complaints concerning the Tennessee Department of Mental Health and Substance Abuse Services (TDMHSAS or Department) Health Insurance Portability and Accountability Act of 1996 (HIPAA) policies and procedures filed by individuals with the TDMHSAS and/or the Regional Mental Health Institutes (RMHIs) in accordance with the requirements of HIPAA, as amended, and other state and federal law.

2. Policy:

All complaints concerning the TDMHSAS HIPAA policies and procedures must be documented, reviewed, investigated, mediated, and resolved as appropriate. Records must be maintained on each complaint in either written or electronic form. Such documentation and records must be maintained by the TDMHSAS Privacy Officer and the RMHI Privacy Officers at each RMHI for six (6) years from the date of its creation or the date when it last was in effect, whichever is later.

3. Procedure/ Responsibility:

3.1: All HIPAA complaints concerning the TDMHSAS HIPAA policies and procedures regarding Central Office must be referred to the TDMHSAS Privacy Officer. All HIPAA complaints regarding the RMHIs must be referred to the applicable RMHI Privacy Officer at each RMHI. The RMHI Privacy Officer shall notify the TDMHSAS Privacy Officer of any complaints that they receive.

- 3.2: Complaints must be filed in writing, either on paper or electronically to ensure all information has been accurately recorded. Complaints regarding Central Office must be filed with the TDMHSAS Privacy Officer, and complaints regarding the RMHIs must be filed with the RMHI Privacy Officer.
- 3.2.1: If the complainant is unable to file a complaint in written form and needs special accommodations, he or she may seek assistance from the TDMHSAS Privacy Officer or the RMHI Privacy Officer who will help write his or her complaint, or a complaint may be filed by another person on the original complainant's behalf.
- 3.3: The complaint must include the name of the entity that is subject to the complaint, and a description of the act(s) or omission(s) believed to violate the applicable HIPAA privacy or security regulation(s) or violate any TDMHSAS policy or procedure related to HIPAA.
- 3.4: The TDMHSAS Privacy Officer or the RMHI Privacy Officer must acknowledge receipt of the complaint in written form by a letter to the complainant or to the complainant's legal representative as appropriate.
- 3.5: All complaints concerning the TDMHSAS HIPAA policies and procedures received by the TDMHSAS Privacy Officer or the RMHI Privacy Officer must be promptly reviewed and investigated by either respective Privacy Officer.
- 3.6: After completion of the investigation, corrective action(s) must be recommended, if determined appropriate, and the complainant or complainant's legal representative must be advised in writing by the applicable Privacy Officer of the completion of the investigation, and corrective steps being taken, if any.
- 3.7: All complaints, their disposition, and associated dates (including date the complaint was received, date the investigation was completed, and date the complainant or their legal representative was notified of investigation results) must be documented and maintained by the TDMHSAS Privacy Officer or the RMHI Privacy Officer in a written or an electronic log system for at least six (6) years from the date of its creation or the date when it last was in effect, whichever is later.

[SIGNATURE APPEARS ON FOLLOWING PAGE]

4. Other Considerations:

4.1: Authority:

45 C.F.R. §§164.530(a)(1)(ii), (d)(1) and (2); (j)(1) and (2), and 164.414; *See Also:*
<https://www.hhs.gov/hipaa/filing-a-complaint/index.html>

Approved:



Commissioner

1-18-2023

Date