

# Stark County Board of Developmental Disabilities

HIPAA Procedure 13: Complaints of Violation of HIPAA Privacy Rights	Effective: 4/14/2003
Chapter 2: Agency Administration	Page 1 of 1

**Subject: Complaints of Violation of HIPAA Privacy Rights**

Should an individual served, legal guardian, or parent or legal guardian of an individual under the age of eighteen (hereinafter referred to as "Individual Served") feel that a privacy rights violation occurred, he/she is encouraged to follow [Board Policy 2.16, Administrative Resolution of Complaints](#).

In order to fulfill the requirement for which an Individual Served may make a complaint concerning policies and procedures as required by HIPAA, in addition to following Board Policy 2.16, an Individual Served may use a [HIPAA 30 complaint form](#). The Individual Served must be informed of the existence of this form and the complaint process by including such information in the Privacy Notice, and by informing the Individual Served when asked as to how and to whom they may make a complaint. The Case Records Administrator will have these forms available and provide copies when requested. The Privacy Officer shall be the contact to receive such complaints. The Privacy Officer is responsible for notifying the appropriate Compliance Committee Member. Complaint forms may also be mailed directly to:

Stark DD, c/o Privacy Officer, 2950 Whipple Ave. N. W., Canton, Ohio 44708

Individuals Served may also resolve any complaints by following Board Policy 2.16, Administrative Resolution of Complaints.

A complaint of a privacy rights violation may also be filed with the Office of Civil Rights. A written complaint may be filed either on paper or electronically. The complaint must be filed within 180 days of when the complainant knew or should have known that the act occurred. Further information on the filing of a complaint can be obtained from the web site of the Office of Civil Rights. The address for submission is:

Region V, Office for Civil Rights, U.S. Department of Health and Human Services,  
233 N. Michigan Ave., Suite 240, Chicago, Ill. 60601.  
Voice Phone (312) 886-2359. FAX (312) 886-1807. TDD (312) 353-5693.

There will be no retaliation of any kind against anyone filing a complaint. The Board strictly prohibits requesting or requiring an Individual Served to waive his/her rights to file a complaint with the Board and/or Office of Civil Rights.

<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 20%;">Applies to:</td> <td style="width: 15%;">Yes</td> <td style="width: 15%;">No</td> </tr> <tr> <td>All Employees</td> <td style="text-align: center;">X</td> <td></td> </tr> <tr> <td>Non Represented</td> <td></td> <td></td> </tr> <tr> <td>SCEPTA</td> <td></td> <td></td> </tr> <tr> <td>SCDD SSA</td> <td></td> <td></td> </tr> <tr> <td>See Current Bargaining Agreement</td> <td></td> <td></td> </tr> </table>	Applies to:	Yes	No	All Employees	X		Non Represented			SCEPTA			SCDD SSA			See Current Bargaining Agreement			<p><b>Historical Resolution Information</b> Policy 2.22 HIPAA</p> <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 30%;"><b>Date</b></td> <td style="width: 70%;"><b>Resolution</b></td> </tr> <tr> <td>1/19/13</td> <td>01-09-13</td> </tr> </table> <p><b>Procedure Revision 6/11/12</b></p>	<b>Date</b>	<b>Resolution</b>	1/19/13	01-09-13
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Superintendent's Signature: 	Reviewer(s): Privacy Officer Security Officer																						