

	Ethics & Compliance Department	
	Policy No.: 46	Created: 01/2018
		Reviewed: 09/2024
	Revised:	

HIPAA: COMPLAINTS / INCIDENT REPORTING

SCOPE:

All Envision Healthcare teammates. For purposes of this policy, all references to “teammate” or “teammates” include temporary, part-time and full-time employees, independent contractors, clinicians, officers and directors.

PURPOSE:

Envision Healthcare Operating, Inc. and its subsidiaries and affiliates (“Envision” or “the Company”) has adopted this Complaints / Incident Reporting policy to identify a process for filing complaints and reporting violations related to a patient’s right to privacy and the Company’s privacy and security policies.

POLICY:

- A) A person who believes the Company is not complying with the applicable requirements of the privacy or security processes may file a complaint with the Privacy Official and/or the Secretary of U.S. Department of Health and Human Services.
- B) Complaints made to the Secretary must meet the following requirements:
 - (1) A complaint must be filed in writing, either on paper or electronically.
 - (2) A complaint must name the entity that is the subject of the complaint and describe the acts or omissions believed to be in violation of the applicable standards, requirements, and implementation specifications of the privacy or security regulations.
 - (3) A complaint to the Secretary must be filed within one hundred eighty (180) days of when the complainant became aware, or should have known, that the act or omission complained about in the communication occurred, unless this time limit is waived by the Secretary.
- C) The Company acknowledges that the Secretary is empowered to and “may investigate” any complaints. Accordingly, the Company will cooperate with any investigation or compliance review. The Company will keep records including pertinent policies, procedures, or practices and of the circumstances regarding any alleged violation. The Company will submit compliance reports or corrective action plans, in a timely manner as requested by the Secretary.

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- D) The Company’s Privacy Official, in cooperation with appropriate department managers, will investigate any alleged violation of the Company’s privacy policies, and take appropriate action to remedy the violation and initiate a personnel action as appropriate in partnership with the People Services & Operations Department.

- E) The Company will include contact information for filing a complaint in its Notice of Privacy Practices. The contact information will include the name, title, and telephone number of the Company’s Privacy Official.

- F) Teammates must report any known or suspected violation of privacy or security policies, or any known or suspected breach of security to their department managers immediately. Department managers will report the violation or breach to the Privacy Official or Security Official. All reports should be communicated maintaining strict confidentiality. Teammates may utilize the “Helpline” as a means to report a violation or breach (toll-free 877-835-5267).

- G) The Privacy Official will initiate a formal problem management process to record the problems, to reduce their incidence, and to prevent their recurrence. Consistent with Compliance Investigations policy and procedure, an investigation shall commence within a reasonable time frame after reported. Aggregate data related to violations reported will be presented to the Executive Compliance Committee.

- H) To ensure a quick, effective, and orderly response to incidents, the Company must maintain procedures for handling privacy violations and security incidents. Key individuals responsible for assisting in the investigation and correction of security incidents are clearly defined in the policies of the Information Technology Department under the leadership of the Security Official.

POLICY REVIEW

The Ethics & Compliance Department will review and update this Policy, when necessary, in the normal course of its review of the Company’s Ethics & Compliance Program.