# HIPAA (Health Insurance Portability and Accountability Act) - Disclosure Reporting and Complaints

[HIPAA Disclosure Procedure](#_Toc205794552)

[Related Documents](#_Toc205794553)

**Description:** Process for handling HIPAA Issue and Disclosure complaints and escalations.

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| HIPAA Disclosure Procedure |

The Disclosure Database is a tool utilized for the recording and accounting of all HIPAA privacy disclosures. The completion of the online form will systematically send the disclosure to the privacy office for appropriate handling.

A call where the member indicates that there was a disclosure or privacy concern with PHI.

Perform the steps below:

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| **Step** | **Action** | |
| **1** | Verify the relationship of the caller to the member and authenticate the call according to [Universal Care - Caller Authentication (004568)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=bcb8da72-5501-4631-b9fd-fe675bc4a1fd). | |
| **2** | Determine the nature of the complaint.  If a caller reports a potential incident or violation, do **not** mention there was a breach in disclosure or reference any laws when speaking with the caller. | |
| **If sent to the Incorrect Member/Person or Address and related to…** | **Then…** |
| Misdirected medication or supplies | 1. Obtain the first and last name of the caller and their phone number with area code. 2. Document in the member’s account the caller’s address as well as any information related to the issue. 3. Ask the caller to give verbal consent that they will **not** use or disclose the medication for any purpose that was sent to them.   Ensure you have the correct spelling.    Apologize to the caller, and warm transfer them to a [Clinical Counseling Pharmacist (062778)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=d2dab105-056c-45be-b28b-bfad61c60a2f).  **Note:** When processing the Reship, Clinical Care completes the [HIPAA (Radar) Disclosure Form webpage.](https://app.radarfirst.com/incidents/landing/?token=a14b6ed3-a9be-4a8f-9d69-0b3ea9ebff81#/) |
| Literature Only (Invoice, Letter, Email etcetera) | Proceed to step 3. |
| **3** | 1. Complete and submit the [HIPAA (Radar) Disclosure Form webpage.](https://app.radarfirst.com/incidents/landing/?token=a14b6ed3-a9be-4a8f-9d69-0b3ea9ebff81#/) 2. Indicate in the “Mitigation” section of the form under Verbal Consent if the recipient has agreed not to use or disclose the information for any purpose.   Refer to HIPAA [Radar Quick Reference Guide for the Disclosure form (015962)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=23b0e6d7-9eba-436c-9188-4a3c272f8037). It provides detailed instructions for completion of the form. Required fields are marked with an asterisk. The form does not allow submission without the completion of all required fields; however, it may be returned to you if the form is not filled out in full.   * Obtain **Verbal Consent** from the caller. (This consent states the caller agrees not to use or disclose the information for any purpose). * Once the form is completed, click on the Submit button at the bottom.   Do **not** indicate in your notes that the information was sent to the “Privacy Office” or that the member is awaiting feedback. Only indicate what you told the member. Inform the member that we have documented the issue.     * Ensure that you are selecting the **Retail & Provider HIPAA Disclosure Form** hyperlink for **all** issues regarding Specialty Pharmacy & Mail Order and CVS Caremark Mail Service Pharmacy for all lines of business. All other issues, select the appropriate form based on the instructions of when to “use this form.” Refer to screenshot below.      * Privacy issues unrelated to Caremark Mail Service Pharmacy or Specialty Pharmacy & Mail Order select the **CVS Health HIPAA Disclosure Form**.   **Result:** Routes the form to the Privacy Office for review and approval. All submissions are checked 1-2 times a day. | |
| **4** | Inform the member that we have documented the issue.  **No status is provided back to the member.** If you need to perform additional activities, the Privacy Office will contact you and provide instructions.    Only offer the following if the member wishes to file a complaint beyond the HIPAA Disclosure form, complete the following:  **Options:**   1. Email the Privacy office at: [Privacycaremark@cvshealth.com](mailto:Privacycaremark@cvshealth.com) 2. In writing using the following address:   **CVS Health**  **Attn: Privacy Office**  **One CVS Drive**  **Woonsocket, RI 02895**   1. Contact the Privacy hotline (Customer Relations representatives answer the call) at (1-866-443-0933) for a verbal complaint. | |

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| Related Documents |

[Customer Care Abbreviations, Definitions, and Terms Index (017428)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=c1f1028b-e42c-4b4f-a4cf-cc0b42c91606)

* [Universal Care - Caller Authentication (004568)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=bcb8da72-5501-4631-b9fd-fe675bc4a1fd)
* [Universal Care - Consultative Call Flow (CCF) Process (095822)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=c954b131-7884-494c-b4bb-dfc12fdc846f)

**Parent Documents:**

[Customer Care Internal and External Call Handling (CALL-0049)](https://policy.corp.cvscaremark.com/pnp/faces/DocRenderer?documentId=CALL-0049)

[Use and Disclosure of PHI (PHIP-005)](https://policy.corp.cvscaremark.com/pnp/faces/DocRenderer?documentId=PHIP-005)

[Purpose of Processing (PHIP-003)](https://policy.corp.cvscaremark.com/pnp/faces/DocRenderer?documentId=PHIP-003)

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