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Data Disaster Recovery Plan

All ePHI is backed up on a HITECH compliant, secure, off-site server on a continuous basis. Saved ePHI is recoverable in the event of a disaster resulting in the loss of PHI.

Any incident in which the privacy/security of a patient's ePHI may have been compromised will be immediately reported to the Corporate Compliance Officer for review and investigation if necessary.

Corporate Compliance

- Investigation: An incident investigation will be initiated without unreasonable delay. The Corporate Compliance Officer will establish a special committee to investigate incidents and determine if the incident rises to the level of a breach.
- Investigative Procedures: The corporate compliance officer will initiate and conduct investigations of all reported incidents as follows:
 - Investigation. The investigation of reported incidents will begin within 3 days of the Corporate Compliance Officer being informed of the incident.
 - Notification. Upon receiving information of an alleged incident or violation the corporate compliance officer will inform the executive director or recipient rights advisor of the allegation.
 - Recusal. If a member of the executive team is directly connected to the alleged incident that is being investigated such manager or administrator shall be excused from the investigation until the final outcome and corrective action plan has been completed.
 - Non-Retaliation: Any staff who reports such information will have the right and opportunity to do so anonymously and will be protected against retaliation for submitting any information regarding waste, fraud, or abuse under agency policy and state and federal laws. The agency retains the right to take appropriate action against any staff who has participated in a violation of applicable laws or regulations or agency policy.
 - Confidentiality and Anonymity: All information concerning the alleged incident will be held in strict confidentiality by all parties involved in the process and will not be shared with any other staff member.
 - Anonymity. Reports may also be made anonymously by submitting a written complaint directly to the Corporate Compliance Officer.
- Findings: Following an investigation and depending on the nature of the allegations, the corporate compliance officer will file a report with the Recipient Rights Advisor or Director of Clinical Services, which will include a summary of the allegations, results of the investigation, and recommendations for corrective action.
- Corrective Plan of Action: The Recipient Rights Advisor, Director of Clinical Services, and supervisory staff members having knowledge of the incident will review



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the recommendations of the Corporate Compliance Officer and develop a corrective plan of action.

- Report to Regulatory Agency: Should the investigation indicate a serious violation of policy, legal counsel will advise the Administration with regard to the need to report a violation to the appropriate government and regulatory agencies and will assist in the process should it be necessary.
- Timeline for Report: A report will be compiled and submitted within 14 days from the notification of the complaint. The report will detail the following:
 - The nature of the complaint,
 - Persons involved,
 - Services involved, and
 - The person against whom the complaint is lodged.
- Recommendations: The Corporate Compliance Officer will make recommendations based on the results of personal interviews and the investigation of circumstances surrounding the incident.
- Type of Findings:
 - Founded
 - Data breach/Disclosure: When an investigation determines a data breach or disclosure has occurred the *HIPAA Security Policy* identified actions will be completed.
 - Recipient Rights Violation
 - Ethical violation: When an investigation of an ethical complaint is determined to have merit, the incident will be reported to executive management as a critical incident and will be reviewed within the appropriate format to assist in quality improvement, risk management, and corrective measures.
 - Waste, Fraud, and Abuse Violation: When an investigation of a waste, fraud, and abuse complaint is determined to have merit, the incident will be forwarded to the appropriate regional authority.
 - Unfounded
 - Undetermined: If the finding was undetermined, the supervisor will adjust the supervision of the employee to a level necessary to ensure that the suspected Behavior does not or is not occurring the employee will be informed of the details and will be actively involved with the supervisor in this process.