



HIPAA PRIVACY COMPLAINT FORM

The information you provide here will remain confidential to the extent possible; however we may need to release the information to investigate your claim. Anyone may file a complaint. Members of the workforce may use this form to report violations of HIPAA by others in the workforce. (See Page 2 for Instructions)

First and Last Name: _____

Address: _____ City/State/Zip: _____

Email: _____ Phone: _____

Are you filing this complaint for someone else? Yes No

If yes, whose health information privacy rights do you believe were violated?

First and Last Name: _____

Who do you believe violated your (or someone else's) health information privacy rights or committed another violation of the Privacy Rule?

Person/Agency/Organization: _____

Address: _____ City/State/Zip: _____

Phone: _____

When do you believe that the violation of health information privacy rights occurred?

List Date(s): _____

Describe briefly what happened. How and why do you believe your (or someone else's) health information privacy rights were violated, or the Privacy Rule otherwise was violated? Please be as specific as possible. (Attach additional pages as needed)

Please Sign and date this complaint.

Signature: _____

Print name: _____ Date: _____

Return Form to:
El Dorado County Risk Management, 330 Fair Lane, Placerville, California 95667
Phone: (530) 621-5565 Fax: (530) 642-9815 Email: RiskManagement@edcgov.us



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INSTRUCTIONS:

Any person who believes their privacy rights have been violated by a County of El Dorado HIPAA covered component may file a formal complaint with the County of El Dorado using the HIPAA Privacy Complaint Form.

The complaint must be in writing; and

- Describe acts or omissions believed to be in violation;
- Must be filed within 180 days of when the complainant knew or should have known that the act had occurred.

The County must respond within 30 days after receipt of complaint.

The information you provide here will remain confidential to the extent possible; however we may need to release the information to investigate your claim.

Your signature on the Privacy Complaint form indicates that you have read these instructions.

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Anyone can file a health information privacy or security complaint with the federal Office for Civil Rights (OCR). Your complaint must be filed in writing by mail, fax, e-mail, or via the OCR Complaint Portal (<https://ocrportal.hhs.gov/ocr/smartscreen/main.jsf>).

For more information about filing a complaint with the OCR visit their website:
<http://www.hhs.gov/hipaa/filing-a-complaint/index.html>

Region IX - San Francisco (American Samoa, Arizona, California, Guam, Hawaii, Nevada)

Office for Civil Rights
U.S. Department of Health and Human Services
90 7th Street, Suite 4-100
San Francisco, CA 94103
Voice Phone (800) 368-1019
FAX (415) 437-8329
TDD (800) 537-7697