COMPLAINTS TO THE OFFICE OF THE SECRETARY OF THE DEPARTMENT OF HEALTH AND HUMAN SERVICES

In accordance with the Health Insurance Portability and Accountability Act of 1996 (HIPAA), the following form is being provided to facilitate the reporting of complaints to the Office of the Secretary of the Department of Health and Human Services. The following entity is believed to be in violation of HIPAA standards.

_____ [Name of Entity in Violation]

_____ [Employer Identification Number (if known)]

_____ [Location of Entity in Violation]

Explain in detail what happened and what violation occurred. State who was involved and where the violation occurred or is occurring. (Also attach any written materials or documentation that may be helpful.)

_____

_____

_____

Name of Person/Persons Making Complaint:

Address of Complainant:

Phone Number of Complainant:

This complaint will be sent to: The U.S. Department of Health and Human Services
Office of the Secretary
200 Independence Avenue, S.W.
Washington, D.C. 20201

[Note: The above complaint will be referred to our Privacy Officer and filed by our organization within 180 days of when the violation was determined to have occurred. We will cooperate fully with the Secretary to support the remediation of this complaint.