



How to File a HIPAA Privacy Complaint with the San Luis Obispo County Health Agency

FACT SHEET

BACKGROUND - WHAT IS HIPAA? A federal standard for protecting privacy of individually identifiable health information has been established by Congress. This privacy standard is known as the Health Insurance Portability and Accountability Act, or HIPAA. More information on HIPAA and the Privacy Rule can be found at the Office of Civil Rights website, www.hhs.gov/ocr.

HIPAA regulates health plans and any health care provider who conducts certain health care transactions electronically. Most San Luis Obispo County Health Agency programs are included in the HIPAA definitions. The HIPAA Privacy Rule allows you to make a complaint regarding violation of your privacy rights by a covered entity. If you believe that a person, an agency or program covered under HIPAA violated your or someone else's health information privacy rights, or committed another violation of the Privacy Rule, you may file a complaint with the San Luis Obispo County Privacy Officer. The Privacy Officer may receive and investigate complaints against County programs which must comply with the Privacy Rule.

Your complaint must: (1) be filed in writing, either on paper or electronically; (2) name the entity (person, program or agency) that is the subject of the complaint; (3) describe the acts or omissions believed to be in violation of the applicable requirements of the Privacy Rule; and (4) be filed within 180 days of when you knew that the act or omission complained of occurred.

COMPLAINTS – GENERAL INFORMATION Anyone can file written complaints with the Privacy Officer by **mail, fax, or email**. If you need help filing a complaint or if you have a question about the complaint form, please call (805) 781-4788. Complaints should be sent to the attention of the San Luis Obispo County Privacy Officer.

You can submit your complaint in any written format. However, we recommend that you use the County Health Information Privacy Complaint Form. You may also call the [Privacy Officer](#) at (805) 781-4788 and have a copy mailed to you. If you do not use the electronic complaint form, please include the following information in any complaint correspondence.

- **Your name, full address, home and work telephone numbers, email address.**
- **If you are filing a complaint on someone's behalf, also provide the name of the person on whose behalf you are filing.**
- **Name, full address and phone of the person, agency or organization you believe violated your (or someone else's) health information privacy rights or committed another violation of the Privacy Rule.**
- **Briefly describe what happened. How, why, and when do believe your (or someone else's) health information privacy rights were violated, or the Privacy Rule otherwise was violated?**
- **Any other relevant information, such as, have you filed your complaint somewhere else?**
- **Please sign your name and date your letter.**

HIPAA prohibits the alleged violating party from taking retaliatory action against anyone for filing a complaint with the Office for Civil Rights. You should notify the Privacy Officer immediately if you believe you or anyone else is the victim of any retaliatory action.

Please keep a copy of the complaint you submit for your records.

HEALTH AND MEDICAL INFORMATION HIPAA PRIVACY COMPLAINT FILING FORM

<i>For Office Use Only:</i>	DATE RECEIVED: Click here to enter a date.	FILE NUMBER: Click here to enter text.
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The information you provide here will remain confidential to the extent possible. However we may need to divulge 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.

YOU MAY SUBMIT YOUR COMPLAINT TO:

HIPAA Privacy Officer
 2180 Johnson Blvd., San Luis Obispo, CA. 93401
privacy@co.slo.ca.us

If you have questions about this form, please contact the Privacy Officer at (805) 781-4788

1. YOUR INFORMATION

LAST NAME: Click here to enter text.	FIRST NAME: Click here to enter text.	MIDDLE INITIAL: Click here to enter text.
ADDRESS: Click here to enter text.	CITY/STATE: Click here to enter text.	ZIP CODE: Click here to enter text.
EMAIL ADDRESS: Click here to enter text.	DAYTIME TELEPHONE NUMBER: Click here to enter text.	EVENING TELEPHONE NUMBER: Click here to enter text.
BEST WAY TO REACH YOU: Click here to enter text.	BEST HOURS TO REACH YOU: Click here to enter text.	

EMPLOYEES ONLY	EMPLOYEES MAY FILE COMPLAINTS ANONYMOUSLY	UNIT TITLE: Click here to enter text.	SUPERVISOR'S NAME: Click here to enter text.
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2. CONSENT TO DISCLOSE YOUR NAME

PLEASE SELECT ONE OF THE FOLLOWING:

I consent to my name being disclosed to investigate this complaint. We will not divulge information about you in our investigation within the limits allowed in law.

I do not consent to my name being disclosed. Not using your name may hinder our ability to complete the investigation.

3. INFORMATION ABOUT YOUR COMPLAINT

NAME OF THE ORGANIZATION YOUR COMPLAINT IS AGAINST: Click here to enter text.	NAME OF PERSON YOUR COMPLAINT IS AGAINST: Click here to enter text.	DATE OF FIRST ACTION OR VIOLATION OF HEALTH INFORMATION PRIVACY RIGHTS: Click here to enter text.	DATE(S) ACTION(S) OCCURRED: Click here to enter text.
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ARE YOU FILING THIS COMPLAINT FOR SOMEONE ELSE? YES NO

IF YES, WHOSE HEALTH INFORMATION PRIVACY RIGHTS DO YOU BELIEVE WERE VIOLATED:
Click here to enter text.

COMPLAINT FILING (Continued)

DETAILS OF THE COMPLAINT:

I have reason to believe that one or more of the following has occurred:

- The organization/person has inappropriately disclosed my personal health information.
- The organization/person has inappropriately used my personal health information.
- The organization/person has inappropriately disposed of my personal health information.
- The organization/person has denied access to my personal health information.
- The organization/person has denied my amendment to my personal health information.
- The organization's privacy policies and procedures violate HIPAA requirements.

Please provide a detailed description of your complaint covering *what, when, who, how, where, and if you know, why* about what happened. You may attach additional pages if there is not enough space here. Please be specific about the time and date of the incident, if applicable.

[Click here to enter text.](#)

DO YOU HAVE WITNESS(ES): NO YES

If yes, please provide the names, addresses and telephone numbers of your witness(es) below:

WITNESS NAME: Click here to enter text.	ADDRESS: Click here to enter text.	TELEPHONE NUMBER: Click here to enter text.
WITNESS NAME: Click here to enter text.	ADDRESS: Click here to enter text.	TELEPHONE NUMBER: Click here to enter text.

4. RESOLUTION OF YOUR COMPLAINT

(ADDITIONAL PAGES MAY BE ATTACHED IF NECESSARY)

PLEASE DESCRIBE HOW YOUR PRIVACY COMPLAINT COULD BE RESOLVED:

[Click here to enter text.](#)

5. YOUR SIGNATURE

SIGNATURE:

DATE: [Click here to enter a date.](#)

You have the right to receive a copy of this form. Acknowledgement of receipt _____ (initial)

Filing a complaint with the San Luis Obispo County HIPAA Privacy Officer is voluntary; however, without the information requested above, the HIPAA Privacy Officer may be unable to proceed with your complaint. We collect this information under authority of the Privacy Rule issued pursuant to the Health Insurance Portability and Accountability Act of 1996. We will use the information you provide to determine if we have jurisdiction and, if so, how we will process your complaint. Information submitted on this form is treated confidentially. Names or other identifying information about individuals are disclosed when it is necessary for investigation of possible health information privacy violations, for internal systems operations, or for routine uses, which include disclosure of information outside the Privacy Office for purposes associated with health information privacy compliance and as permitted by law. It is illegal for a covered entity to intimidate, threaten, coerce, discriminate or retaliate against you for filing this complaint or for taking any other action to enforce your rights under the Privacy Rule. You are not required to use this form. You also may write a letter or submit a complaint electronically with the same information.