

HIPAA PRIVACY COMPLAINT

Michigan Department of Health and Human Services

This complaint form concerns protected health information maintained by Medicaid, other medical assistance programs, state facilities, and any other component of MDHHS that is subject to the HIPAA Privacy Regulations.

Directions: Type or print all requested information with exception of signatures.

Name of facility or MDHHS program that maintains the individual's records _____

Individual's Name (Beneficiary, Recipient, Patient, Consumer, etc.)			Individual's ID Number (Medicaid, SSN, Other)	
Street Address			Individual's Date of Birth	
City		State	Zip	Phone

Who (or what agency or organization) do you believe violated your (or someone else's) health information privacy rights or committed another violation of the Privacy Rule?	
Name, Agency or Organization	Violation Date

What right was violated?	
Access to Records Request Denied	Amendment of Health Record Request Denied
Confidential Communications Request Denied	Restrictions of Use and Disclosures Request Denied
Accounting of Disclosures Request Denied	Breach of Confidentiality
Describe:	

What do you want to have happen in order to correct the problem?

Legal Representative (if applicable)	Legal Representative's Relationship to Individual (A letter of authority may be requested.)
Signature of Individual or Legal Representative	Date

You have the following rights if you are filing a privacy complaint:

The privacy complaint must be filed within 180 calendar days of when you knew that the identified act or omission occurred. This time period may be extended if you can show good cause.

Any alleged violation must have occurred after April 14, 2003.

You have the right to file a privacy complaint:

Individuals can file privacy complaints with either MDHHS or the U.S. Department of Health and Human Services, Office for Civil Rights. You will not be penalized for filing a complaint.

Privacy complaints may be directed to either of the following:

<p>Privacy Officer Michigan Department of Health and Human Services PO Box 30195 Lansing, MI 48909 Phone: 517-241-0121 TTY: 800-649-3777 or 711</p>	<p>OR</p>	<p>Region V, Office for Civil Rights U.S. Department of Health and Human Services 233 N. Michigan Avenue, Suite 240 Chicago, IL 60601 Phone: 312-886-2359 Fax: 312-886-1807 TTY: 312-353-5693</p>
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<p>AUTHORITY: This form is acceptable to the Michigan Department of Health and Human Services as compliant with HIPAA privacy regulations, 45CFR Parts 160 and 164 as modified August 14, 2002.</p>	<p>The Michigan Department of Health and Human Services (MDHHS) does not discriminate against any individual or group because of race, religion, age, national origin, color, height, weight, marital status, genetic information, sex, sexual orientation, gender identity or expression, political beliefs or disability.</p>
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