

# HEALTH INFORMATION PRIVACY COMPLAINT FORM

## SOUTHEAST MISSOURI STATE UNIVERSITY

Dr. Fred Janzow, Vice Provost and HIPAA Complaint Officer

One University Plaza, Mailstop 3400, Cape Girardeau, Missouri 63701

Phone: (573) 651-2062

Fax: (573) 651-5102

YOUR FIRST NAME:		YOUR LAST NAME:	
HOME OR CELL PHONE WITH AREA CODE:		WORK PHONE WITH AREA CODE:	
STREET ADDRESS:		CITY:	
STATE:	ZIP:	EMAIL ADDRESS: (if available)	

Are you filing for someone else?  YES  NO

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

FIRST NAME

LAST NAME

*Who (or what agency or organization on campus) do you believe violated your (or someone else's) health information privacy rights or committed another violation of the privacy rule?*

PERSON/ AGENCY/ORGANIZATION [HIPAA Covered Entities on Campus include: Self-Funded Health Plan through Human Resources; Campus Health Clinic; University Autism Center]

*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 and submit to the Privacy Officer listed above.

SIGNATURE:

DATE:

As required by the Health Information Portability and Accountability Act of 1996 (HIPAA), you have a right to complain about the University's privacy policies, procedures or actions. The University will not engage in any discriminatory or other retaliatory behavior against you because of this complaint. Please be as thorough and forthright as possible as we may be unable to proceed with the complaint if information is incomplete. Return this completed form to the Complaint Officer listed above. If you choose, you may submit your complaint directly to the Department of Health and Human Services, Office of Civil Rights using their complaint form and process: [www.hhs.gov/ocr/privacy/compliant](http://www.hhs.gov/ocr/privacy/compliant), or call toll free: 1-866-627-7748.