

**IDOH HIPAA
COMPLAINT**State Form 51512 (R2 / 5-22)
Indiana Department of Health**CONFIDENTIAL INFORMATION**
per 45 CFR 164.530 (d)

Send Completed Form to:
Office of Legal Affairs
Indiana Department of Health
2 North Meridian Street
Indianapolis, Indiana 46204

The Indiana Department of Health (IDOH) only has the authority to investigate claims of privacy and/or HIPAA violations against IDOH employees, programs, or business associates.

| | | | |
|---|-----------------|--|--------------------------------|
| Your First Name | | Your Last Name | |
| Home Telephone Number () | | Work Telephone Number () | |
| Street Address (number and street) | | | City |
| State | ZIP Code | E-Mail Address (if available) | |
| Are you filing this complaint for someone else? <input type="checkbox"/> Yes <input type="checkbox"/> No | | | |
| If Yes, whose privacy/security rights do you believe were violated? | | | |
| First Name | | Last Name | |
| The Indiana Department of Health (IDOH) only investigates allegations against an IDOH employee, program, or business associate. Which employee, program, or what business associate do you believe violated your (or someone else's) privacy/security rights or committed another violation of the HIPAA regulations? | | | |
| Person/Agency/Organization | | | |
| Street Address (number and street) | | | City |
| State | ZIP Code | Telephone Number () | |
| When do you believe that the violation of HIPAA regulations occurred? List Date(s) | | | |
| Describe briefly what happened. How and why do you believe your (or someone else's) privacy/ security rights were violated by an IDOH employee, program, or business associate? Alternatively, how and why do you believe the HIPAA rules and regulations were violated by an IDOH employee, program, or business associate? Please be as specific as possible. (Attach additional pages as needed.) | | | |
| Please sign and date this complaint. | | | |
| Signature | | | Date (month, day, year) |

(See Other Side)

Filing a complaint with the IDOH Privacy Officer or IDOH Security Officer is voluntary. However, without the information requested, the IDOH Privacy Officer or Security 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 and is protected under the provisions of the Privacy Act of 1974. Names or other identifying information about individuals are disclosed when it is necessary for the investigation of possible health information privacy violations, for internal systems operations, or for routine uses, which include disclosure of information outside the IDOH 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. Mail a complaint to the address at the top of this form.

If we cannot reach you directly, is there someone we can contact to help us reach you?

| | | | |
|---|-----------------|--|-------------|
| First Name | | Last Name | |
| Home Telephone Number () | | Work Telephone Number () | |
| Street Address (number and street) | | | City |
| State | ZIP Code | E-Mail Address (if available) | |

Have you filed your complaint anywhere else? If so, please provide the following. (Attach additional pages as needed.)

Person / Agency / Organization / Court Name(s)

| | |
|---|----------------------------------|
| Date(s) Filed (month, day, year) | Case Number(s) (if known) |
|---|----------------------------------|

If the violation was by someone other than the Indiana Department of Health and its employees, programs, or business associates, please contact the Indiana Attorney General's Consumer Complaints Division and/or the United States Department of Health and Human Services Office for Civil Rights.

U.S. Department of Health & Human Services
Office for Civil Rights – Midwest Region
233 North Michigan Avenue – Suite 240
Chicago, IL 60601
tel: 800-368-1019 em: ocrmail@hhs.gov
<http://www.hhs.gov/ocr/privacy>

Indiana Office of the Attorney General
302 West Washington Street, 5th Floor
Indianapolis, IN 46204
tel: 317-232-6330
<https://www.in.gov/attorneygeneral/consumer-protection-division/>