



HIPAA Privacy Related Complaint Form

Contact Person: HIPAA Privacy Officer, HNI (as an Affiliated Covered Entity)

Contact Phone, Email and Fax: phone - (512) 730-3060 ext. 281, email - compliance@hnihc.com, fax - (737) 273-8520

Patient Name: _____

Name of person submitting this complaint (if other than patient):

Relationship to Patient: _____

Telephone #: _____ Email: _____

Address: _____

Information regarding your complaint

Date(s) Action Occurred: _____

Describe situation and effect on privacy (attach separate sheet, if needed):

HNI personnel involved in this matter:

Describe how you feel your complaint could be resolved:

Signature of Patient or Patient's Representative _____ Date _____

Individuals who request an outside agency to review their complaint may contact:

**U.S. Department of Health and Human Services
Office for Civil Rights
200 Independence Avenue, SW
Room 509F, HHH Building
Washington, DC 20201**

OCRComplaint@hhs.gov <http://www.hhs.gov/ocr/privacy/hipaa/complaints/>



For Office Use Only

Date Received: _____ Received By _____

Report Received (attach): _____ In Person _____ Email _____ Mail

Date Incident Resolved: _____

Summary of investigation:

Follow-up action taken
