



IDAHO STATE
UNIVERSITY

HIPAA HEALTH INFORMATION COMPLAINT FORM

Your full name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone Number: _____ Fax Number: _____

Email address: _____ Date: _____

Information about the Suspected Privacy Violation

Entity* that is the subject of this Complaint: _____

(*The individual or organization that you believe violated your privacy. This may be an individual health care provider or organization, health plan, or health care clearinghouse)

Address: _____

Phone Number: _____

Date of Violation: _____

Describe the privacy violation (attach additional pages if necessary): _____

If you are concerned that your privacy rights may have been violated, you may contact either of the people listed below to make a complaint. You may also make a written complaint to the U.S. Department of Health and Human Services whose address can be provided upon request.

If you choose to make a complaint with us or the U.S. Department of Health and Human Services, we will not retaliate in any way.

ISU Clinic/Department Contact: _____

Address: _____

Telephone: _____ Fax: _____

E-mail: _____

ISU Contact: Sandi Rich, Interim HIPAA Privacy & Security Officer

Address: Idaho State University
Office of General Counsel
921 S. 8th Ave., Stop 8410
Pocatello, ID 83209-8410

Telephone: 208-282-2683

E-mail: richsand@isu.edu