

HIPAA PRIVACY VIOLATION COMPLAINT FORM

Clark County

Name **Date of Birth**
Address **Phone** **E-mail address**
County employee: Yes No

You have the right under federal law to complain if you believe your protected health information has been violated by a Clark County Department or Business Associate. The County [Privacy Notification Policy \(Link to Services/Certificates & Health/Privacy.html\)](#) outlines when we can and cannot release health information with and without approval.

You may use this complaint form **or** you may contact the Privacy Officer directly - kathy.meyers@clark.wa.gov or Phone: (360) 397-2440 to file a complaint. You will not be retaliated against for filing a complaint. You may also file a complaint with the U.S. Secretary of Health and Human Services (<http://www.hhs.gov/ocr/privacyhowtofile.htm>).

Describe the alleged violation and include the date, time, county department, nature of health information, and persons involved. Attach additional page, if necessary

The County **Privacy Officer** will investigate your complaint and, normally, respond within 30 calendar days or less. A copy of this complaint will be kept on file with the Privacy Officer.

THE FOLLOWING WILL BE COMPLETED BY THE PRIVACY OFFICER

Complaint received (date) Investigation completed (date)

Findings:

Action:

Copy will be sent to relevant department HIPAA contact

Date

Privacy Officer

