

**Office of Management and Enterprise Services
Employees Group Insurance Department**

(OMES EGID)

HIPAA Non-Privacy Complaint Form

If you believe that OMES EGID is not complying with applicable HIPAA Administrative Simplification regulations for Transactions and Code Sets, Unique Identifiers, or Security Standards, provisions, you may file a complaint with OMES EGID or with the Office of E-Health Standards and Services (OESS).

Complaints to OMES EGID should be in writing and directed to:

HIPAA Privacy Officer
OMES EGID
3545 N.W. 58th St., Ste. 110
Oklahoma City, OK 73112

Questions regarding this process may be directed to the HIPAA Privacy Officer at 1-405-717-8701, toll-free 1-800-543-6044 or the EGID Hotline at 1-866-381-3815. TDD users call 1-405-949-2281 or toll-free 1-866-447-0436.

OESS is an office within the Centers for Medicare and Medicaid Services (CMS) with responsibility for enforcement of HIPAA Administrative Simplification regulations. Within CMS, OESS operates as a separate entity and is completely detached from CMS's Medicare and Medicaid related activities. **OESS is not responsible for HIPAA Privacy regulations, which are enforced by the Office for Civil Rights.**

Complaints to OESS must be filed in writing or electronically within 180 days of the date you became aware, or should have been aware, of the violation. OESS strongly encourages reports to be made through the Administrative Simplification Enforcement Tool (ASET) located on the Internet at <http://htct.hhs.gov/>. Additional information can be found on the CMS website at <http://www.cms.gov> under the *HIPAA Administrative Simplification/Enforcement* section of *Regulations and Guidance*.

Your Name (First and Last)	Your Organization	
Street Address	Telephone Number	
City/Town	State	ZIP Code

Please state the reasons for your concerns and specifics about the alleged violations. If applicable, give names of employees involved, if known, and the locations and dates of the alleged violations. Please provide as many details as possible. Use additional pages if necessary.

Signature: _____ Date: _____