

PATIENT PRIVACY VIOLATION COMPLAINT FORM

Complaint Form Number (Office Use Only) _____

Your Full Name _____

Phone Number _____ Email address _____

If you are filing this complaint on behalf of someone else, please give their full name and phone number:

Who do you believe violated your (or someone else's) health information privacy rights or committed another violation of the Privacy Rule? _____

Their contact info _____

When do you believe that the violation of health information privacy rights occurred? _____

Describe briefly what happened. How and why do you believe privacy rights were violated? Please be as specific as possible. _____

Have you filed your complaint anywhere else? Y / N

If so, please provide the following:

Person/Agency/Organization: _____

Date(s) Filed: _____ Case Number(s) (if known): _____

Signature _____

Date _____

COMPLAINANT CONSENT:

- Acadiana Computer Systems (ACS) has the authority to collect and receive material and information about you, including personnel and medical records, which are relevant to its investigation of your complaint.
- To investigate your complaint, ACS may need to reveal your identity or identifying information about you to persons at the entity or agency under investigation or to other persons, agencies, or entities.
- The Privacy Act of 1974 protects certain federal records that contain personally identifiable information about you and, with your consent, allows ACS to use your name or other personal information, if necessary, to investigate your complaint.
- Consent is voluntary, and it is not always needed in order to investigate your complaint; however, failure to give consent is likely to impede the investigation of your complaint and may result in the closure of your case.
- Additionally, ACS may disclose information, including medical records and other personal information, which it has gathered during the course of its investigation in order to comply with a request under the Freedom of Information Act (FOIA) and may refer your complaint to another appropriate agency.
- Under FOIA, ACS may be required to release information regarding the investigation of your complaint; however, we will make every effort, as permitted by law, to protect information that identifies individuals or that, if released, could constitute a clearly unwarranted invasion of personal privacy.

In order to expedite the investigation of your complaint, please read, sign, and return one copy of this consent form to ACS with your complaint. Please make one copy for your records.

- As a complainant, I understand that in the course of the investigation of my complaint it may become necessary for ACS to reveal my identity or identifying information about me to persons at the entity or agency under investigation or to other persons, agencies, or entities.
- I am also aware of the obligations of ACS to honor requests under the Freedom of Information Act (FOIA). I understand that it may be necessary for ACS to disclose information, including personally identifying information, which it has gathered as part of its investigation of my complaint.
- In addition, I understand that as a complainant I am covered by the Department of Health and Human Services' (HHS) regulations which protect any individual from being intimidated, threatened, coerced, retaliated against, or discriminated against because he/she has made a complaint, testified, assisted, or participated in any manner in any mediation, investigation, hearing, proceeding, or other part of HHS' investigation, conciliation, or enforcement process.

After reading the above information, please check ONLY ONE of the following boxes:

CONSENT

I have read, understand, and agree to the above and give permission to ACS to reveal my identity or identifying information about me in my case file to persons at the entity or agency under investigation or to other relevant persons, agencies, or entities during any part of HHS' investigation, conciliation, or enforcement process.

CONSENT DENIED

I have read and I understand the above and do not give permission to ACS to reveal my identity or identifying information about me. I understand that this denial of consent is likely to impede the investigation of my complaint and may result in closure of the investigation.

Signature: _____

Date: _____

Name (Please print): _____

Address: _____

Telephone Number: _____