Oklahoma State Department of Health HIPAA Privacy Complaint Form Instructions on Reverse Side			
Last Name	First Name		MI:
Mailing Address (Street or PO Box)		City	
State Zip: Day If we cannot reach you directly, is there someon		is reach you?	Office   Cell
Are you filing this complaint for someone else? If yes, whose health information privacy rights of Last Name:	to you believe were violated?	No 🗆	
Name of the person and/or facility you believe v committed another violation of the HIPAA Priva When do you believe that the violation of health	cy Rule?		n privacy rights or
Briefly describe what happened. How and why were violated or the HIPAA Privacy Rule was vinneeded).		•	
Signature:	Da	te:	

If you believe that a person, program, or location within the Oklahoma State Department of Health (OSDH) violated your (or someone else's) health information privacy rights or committed another violation of the HIPAA Privacy Rule, you may file a complaint with OSDH.

## Complaints to OSDH must:

(1) Be filed in writing, either on paper or electronically;

(2) Name the person, program, or location within OSDH that is the subject of the complaint and describe the acts or omissions believed to be in violation of the HIPAA Privacy Rule;
 (3) Be filed within 180 days of when you knew that the act or omission occurred.

Filing a complaint with the Oklahoma State Department of Health (OSDH) is voluntary. However, without the information requested, OSDH may be unable to proceed with your complaint. We will use the information you provide to determine if we have jurisdiction and, if so, how we will process your complaint.

Names or other identifying information about individuals are disclosed when it is necessary for investigation of possible health information privacy violations, for internal systems operations, or for routine uses, which include disclosure of information outside OSDH for purposes associated with health information privacy compliance and as permitted by law.

It is illegal for OSDH to intimidate, threaten, coerce, discriminate or retaliate against you for filing this complaint or for taking any other action to enforce your rights under the Privacy rule.

To submit a HIPAA Privacy complaint to OSDH, please use one of the following methods:

Address:	Email:	Phone:
Oklahoma State Department of Health 123 Robert S. Kerr Ave Oklahoma City, OK 73102-6406	PrivacyOfficer@health.ok.gov	405/426-8454 Attn: HIPAA Privacy Officer
Attn: HIPAA Privacy Officer		

# Option 1

Go to the OSDH website at <u>www.health.ok.gov</u>, open and print out the <u>HIPAA Privacy Complaint Form</u> and fill it out. Mail, fax, or email the completed form.

# Option 2

Go to the OSDH website at <u>www.health.ok.gov</u>, open and save the <u>HIPAA Privacy Complaint Form</u> to your own computer. Use the Tab key on your keyboard to move from line to line to complete the form. Save the form. Mail, fax, or email the completed form.

# Option 3

Ask your local county health department to give you a copy of the <u>HIPAA Privacy Complaint Form</u>. Complete the form and either mail or fax the completed form to OSDH.

# Option 4

If you choose not to use the <u>HIPAA Privacy Complaint Form</u>, please write a letter and provide the information specified in the form and either mail, fax or email the letter.