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: _____ Daytime Phone: _____ Home ☐ Office ☐ Cell ☐

If we cannot reach you directly, is there someone else we can contact to help us reach you? _____

_____ Phone: _____

Are you filing this complaint for someone else? Yes ☐ No ☑

If yes, whose health information privacy rights do you believe were violated?

Last Name: _____ First Name _____

Name of the person and/or facility you believe violated your (or someone else's) health information privacy rights or committed another violation of the HIPAA Privacy Rule? _____

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

Briefly describe what happened. How and why do you believe your (or someone else's) health information privacy rights were violated or the HIPAA Privacy Rule was violated? Please be as specific as possible. (Attach additional pages as needed).

Signature: _____ Date: _____

How to File an Oklahoma State Department of Health HIPAA Privacy Complaint

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 Attn: HIPAA Privacy Officer	PrivacyOfficer@health.ok.gov	405/426-8454 Attn: HIPAA Privacy Officer

Option 1
Go to the OSDH website at www.health.ok.gov, open and print out the HIPAA Privacy Complaint Form and fill it out. Mail, fax, or email the completed form.
Option 2
Go to the OSDH website at www.health.ok.gov, open and save the HIPAA Privacy Complaint Form 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 HIPAA Privacy Complaint Form. Complete the form and either mail or fax the completed form to OSDH.
Option 4
If you choose not to use the HIPAA Privacy Complaint Form, please write a letter and provide the information specified in the form and either mail, fax or email the letter.