

**VAN BUREN/CASS
DISTRICT HEALTH DEPARTMENT**

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HIPAA PRIVACY COMPLAINT FORM

Date received by Compliance Officer

This form must be used to file a Health Insurance Portability and Accountability Act (HIPAA) privacy complaint with the Privacy Compliance Officer of the Van Buren/Cass District Health Department. The Privacy Compliance Officer will review the complaint and provide a written response to all interested parties.

To file a privacy complaint with the Privacy Compliance Officer, you must do one of the following: mail this form along with any additional sheets to the Hartford address above, fax it to (269) 621-2725, or email a detail explanation to tinac@vbcassdhd.org. The Privacy Compliance Officer can be contacted by telephone at (269) 621-3143 ext 336.
NOTE: A privacy complaint can not be acted upon with out this form or something in writing.

Complainant's Name (**Please Print**)

Complainant's mailing address (Street, City, State, and Zip)

Phone number(s) where complainant can be reached (home, cell, work)

Email address

Fax Number

INFORMATION ABOUT YOUR COMPLAINT REGARDING YOUR PERSONAL HEALTH INFORMATION (PHI)

Person complaint is against: _____

What office(s) did the incident happen: Hartford Paw Paw Cassopolis Dowagiac

Date you first noticed action: _____ Dates actions occurred: _____

Please check the appropriate reason for your complaint and provide your statement below:

- My protected health information (PHI) was inappropriately used
- I was inappropriately denied access to my PHI.
- My PHI was inappropriately disclosed
- My PHI was inappropriately disposed.
- I was inappropriately denied amendments to my PHI.

STATEMENT: Specifically describe what happened and the effect on your PHI or privacy. Be as specific as possible. (Attach additional sheets, if needed)

WITNESSES: If you have witnesses, please provide names and contact information (attached additional sheets if needed)

WITNESS NAME: _____

WITNESS ADDRESS: _____

WITNESS TELEPHONE/CELL NUMBER: _____

RELIEF SOUGHT: Please describe how your privacy complaint could be resolved.

Signature

Date

KEEP A COPY FOR YOUR RECORDS