



**Alabama Department of Public Health
Office of Compliance**

HEALTH INFORMATION PRIVACY AND SECURITY COMPLAINT

First Name _____ Last Name _____
Street Address _____
City _____ State _____ Zip Code _____
Work Phone _____ Email Address _____

Are you filing this complaint for someone else? If yes, whose health information privacy rights do you believe were violated?

First Name _____ Last Name _____
Who (or what agency or organization, e.g., provider, health plan) do you believe violated your (or someone else's) health information privacy rights or committed another violation of the Privacy or Security Rule? _____
Person/ Health Department/ Bureau/ Division _____
Street Address _____
City _____ State _____ Zip Code _____
Phone (Please include area code) _____
When do you believe that the violation of health information privacy rights occurred?
List date (s) _____

Describe briefly what happened. How and why do you believe your (or someone else's) health information privacy or security rights were violated? Please be as specific as possible. (Attach additional pages as needed)

Please sign and date this complaint. You do not need to sign if submitting this form by email because submission by email represents your signature.

Signature _____ Date (mm/dd/yyyy) _____

Filing a complaint with the Office of Compliance is voluntary. However, without the information requested above we may be unable to proceed with your complaint. We will use the information you provide to investigate your complaint. You are not required to use this form. You also may write a letter or submit a complaint electronically with the same information. To submit an electronic complaint, go to the Office of Compliance's website at: www.adph.org/compliance. To mail a complaint, send to the Office of Compliance, RSA Tower, 201 Monroe Street, Suite 1540, Montgomery, AL 36104.