



Alabama Department of Public Health

OFFICE OF COMPLIANCE AND ETHICS

HEALTH INFORMATION PRIVACY AND SECURITY COMPLAINT

YOUR FIRST NAME		YOUR LAST NAME	
HOME ADDRESS (Please include area code)		WORK PHONE (Please include area code)	
STREET ADDRESS		CITY	
STATE	ZIP	EMAIL ADDRESS (If available)	

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	PHONE (Please include area code)

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

LIST DATES (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 and Ethics 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' Web site at: www.adph.org/compliance. To mail a complaint send to Office of Compliance and Ethics, RSA Tower, 201 Monroe Street, Suite 781 Montgomery, AL 36104.