



**COUNTY OF ALLEGHENY, PA.
COMPLAINT FORM
REGARDING USES OR DISCLOSURES OF HEALTH
INFORMATION**

If you have questions about this form, call (412) 350-5000.

This form is to be used to document and file a complaint with the County of Allegheny, PA, regarding the County's privacy/security policies and procedures and its compliance with those policies and procedures, or with the Federal Health Insurance Portability and Accountability Act regulations. When this form is complete, please send it in a sealed envelope to: *Privacy Officer, County of Allegheny, 621 County Office Bldg., 542 Forbes Ave., Pittsburgh, PA 15219, or you may FAX this form to (412) 350-4754.*

Your First Name, Middle Initial (or Middle Name)	Your Last Name
Work Phone	Home Phone
Street Address	City, State and Zip Code
Are you filing this complaint for someone else? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, whose health information do you believe was violated? This person's relationship to you:	

Who (or which agency or department) do you believe has violated your (or someone else's) privacy/security rights, or the privacy/security rules?

When do you believe that the violation occurred? List Date(s)

Briefly describe what happened, and why or how you believe health information privacy rights were violated. Please be as specific as possible. (Attach additional pages as needed.)

Please sign and date this complaint.

Signature

Date

April 21, 2005

DCS FORM #: DCS30

COUNTY OF ALLEGHENY, PA

FACT SHEET - COMPLAINT FORM HOW TO FILE A HEALTH INFORMATION PRIVACY/SECURITY COMPLAINT WITH THE COUNTY OF ALLEGHENY, PA.

The County of Allegheny takes seriously its responsibility to protect the privacy and security of individual health information, and to ensure that such information is used appropriately and in accordance with all applicable laws and regulations. Individuals have a right to file a formal complaint if they believe that their (or someone else's) privacy/security rights have been violated. The County of Allegheny encourages the filing of a complaint if it is believed that there has been a violation of privacy / security rights. *There will be no retaliation of any kind for filing a complaint.*

Complaints to the County of Allegheny must be filed in writing, and must name the individual (or agency or department) that is the subject of the complaint. Complaints should be filed within 180 days of when you knew that the alleged violation occurred.

Anyone can file a written complaint with the County of Allegheny. You can submit your complaint in any written format. We recommend that you use the **County of Allegheny Complaint Form, DCS Form # DCS30** which can be found on the County web site, Intranet site, or at any County Office Building, Room 621, or, you may submit a written complaint in your own format. Be sure to include the following information in your *written* complaint:

Your name, full address, home and work telephone numbers.

If you are filing the complaint on someone else's behalf, also provide the name of the person on whose behalf you are filing.

Name of the person, agency or department you believe violated your (or someone else's) health information privacy rights or committed another violation of the Privacy Rule.

Briefly describe what happened and why, how and when you believe the violation occurred.

The Privacy and Security Rules, developed under the Health Insurance Portability and Accountability Act of 1996 (HIPAA), prohibits the retaliation, in any form, against an individual who files a privacy/security complaint. If you feel that you have been threatened, harmed, or retaliated against in any way, contact the HIPAA Coordinator, County of Allegheny, (412) 350-5000, or in writing to County of Allegheny, Attention: Privacy Officer, 621 County Office Building, 542 Forbes Avenue, Pittsburgh, PA. 15219.