



HIPAA and the Agency of Human Services

HEALTH INFORMATION PRIVACY COMPLAINT

You can use this form to file a Health Information Privacy Complaint if you believe that AHS violated your or someone else's health information privacy rights or committed another privacy violation of the federal Health Insurance Portability and Accountability Act (HIPAA). You may also write a letter or submit a complaint electronically with the same information. Send this form or your letter to:

AHS Privacy Officer
c/o Secretary's Office Agency of Human Services
103 South Main Street
Waterbury, VT 05671-1202.

Name _____ Phone _____

Address _____

Are you filing this complaint for someone else? ___ Yes ___ No

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

Name

Who or what AHS department, division or district office do you believe violated your or someone else's health information privacy rights or committed another violation of HIPAA?

Person/ AHS Department, Division or District Office

When do you believe the violation occurred?

How and why do you believe you 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

You will not be retaliated against for filing a complaint. Benefits or services that you receive will not be affected by any complaint that you make to the AHS Privacy Officer or the Office for Civil Rights.