

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 HC 2 North 280 State Drive Waterbury, VT 05671-2080

Name	Phone
Address	
Are you filing this complaint	for someone else? Yes No
If Yes, whose health informa	ation privacy rights do you believe were violated?
Name	
•	, division or district office do you believe violated your or someone cy rights or committed another violation of HIPAA?
Person/ AHS Department, D	ivision or District Office
When do you believe the vio	plation occurred?
	e you or someone else's health information privacy rights were cy rule was violated? Please be as specific as possible. Attach
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.