OFFICE OF
HIPAA
COMPLIANCE
CENTRAL MICHIGAN UNIVERSITY

CMU HIPAA Complaint Form

If you believe that CMU or its employees or agents may have violated the requirements of HIPAA laws or rules, or CMU's HIPAA policies and procedures regarding the handling of your protected health information (PHI), you may file a complaint with the Office of HIPAA Compliance by completing and returning this form, contacting the Office of HIPAA Compliance, or submitting a complaint through Ethics Hotline. The Ethics Hotline can be found at cmich.edu/offices-departments/internal-audit/cmu-ethics-hotline or ethicspoint.com.

To file your complaint, or to report a possible violation, complete the following form and deliver it to the Office of HIPAA Compliance via mail or email.

_____ _____
Complainant/Reporter Today's Date

_____ _____
Street Address Phone

_____
City, State Zip

Description and Details of Complaint? When did this happen? Who was involved? What are the results of the event(s)?

_____
_____
_____
_____
_____
_____
_____
_____
_____

(Please use additional pages if necessary.)

_____
Signature of Complainant/Reporter

Please deliver this complaint to the Office of HIPAA Compliance electronically or in person. If you prefer, you may meet in person or call our office to file your complaint.

HIPAA Privacy Officer – Jamie Hall
Central Michigan University
Office of HIPAA Compliance
Foust Hall 005
Tel. 989-774-2829
Email: HIPAA@cmich.edu
Webpage: HIPAA.cmich.edu

HIPAA Coordinator – Jason Phillips
Central Michigan University
Office of HIPAA Compliance
Foust Hall 006
Tel. 989-774-2863
Email: HIPAA@cmich.edu
Webpage: HIPAA.cmich.edu

You also have the right to complain directly to the Secretary of the US Department of Health and Human Services. You may file your complaint to the following address:

Centralized Case Management Operations
U.S. Department of Health and Human Services
200 Independence Avenue, S.W.
Room 509F HHH Bldg.
Washington, D.C. 20201
1-800-368-1019
ocrportal.hhs.gov (file complaint electronically)
hhs.gov/ocr (for more information on filing a complaint)

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(For office use only.)

Received by HIPAA Privacy Officer: _____ (date).

Notice of results of Investigation sent to Complainant/Reporter: _____ (date).

CMU Response to Complaint:

_____ _____ No Action Taken
Date

_____ _____ Further Review Required
Date

_____ _____ Final Disposition
Date

_____ _____ Letter Sent
Date

_____ _____
Signature of HIPAA Privacy Officer Date