



**Complaint Regarding CMU Management of Protected Health Information
Report of Breach of Privacy and Security of Protected Health Information**

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 either with the HIPAA Complaint Officer or any HIPAA Privacy Officer.

To register your complaint, or to report a possible violation, complete the following form and deliver it to one of the persons listed at the end of the form.

Complainant/Reporter

Today's Date

Address

Phone

City, State Zip

What is your complaint about the way that CMU has handled your PHI? 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

Attachment G

Please deliver this complaint to one of the following persons. Your complaint may be delivered electronically or in person. If you prefer, you may meet personally with one of these persons to register your complaint. Anonymous complaints will usually not be investigated.

HIPAA Complaint Officer

Office of General Counsel
Tel. 989-774-3971

HIPAA Privacy Officer for Benefits & Wellness

Director, Benefits & Wellness
Rowe 108
Tel. 989-774-3661
TTY: 989-774-6566

HIPAA Privacy Officer for the CARLS Center for Clinical Care and Education

(housing the Psychological Training & Consultation Center, Speech-Language Pathology and Audiology Clinics, and Physical Therapy services)
Director, CARLS Center
1101 Health Professions Building
Tel. (989) 774-3904

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

Region V, Office of Civil Rights
U. S. Department of Health and Human Services
233 North Michigan Avenue, Suite 240
Chicago, IL 60601
Voice phone: (312) 866-2359; TTY (312) 353-5693

(For office use only.)

Received by HIPAA Complaint 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 Privacy Officer

Date

Signature of Complaint Officer

Date