HIPAA COMPLAINT REPORT

Patient Name: _____
Address: _____
Telephone Number: _____ Fax: _____
E-mail Address: _____ Date: _____

Information about Suspected Privacy Violation:

What component* of the University is suspected of privacy violation: _____
_____

**Purdue is a "hybrid entity" under federal HIPAA privacy regulations. Only "covered components" named in the Notices of Privacy Practices are subject to these regulations. Some of the covered components include, for example, the Student Health Center, Purdue Pharmacy, and the Purdue Health Plans. Please refer to the Notices of Privacy Practices available from the Privacy Officer or on the Purdue web page for a complete listing of the covered components.*

Please describe in detail the nature of your privacy complaint, including the date or dates of the incident(s), and the name or names of any Purdue personnel involved and other witnesses (attach additional sheets if necessary):

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_____ _____
Patient or Legal Representative's Signature Date

_____
Relationship (if not patient)

Send to:
Privacy Officer
601 Stadium Mall Drive
West Lafayette, IN 47907-1826