

# HIPAA COMPLAINT REPORT

Your Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Telephone Number: \_\_\_\_\_ Fax: \_\_\_\_\_  
E-mail address: \_\_\_\_\_ Date: \_\_\_\_\_

If you are filing a complaint on someone's behalf, provide the name and address of the person on whose behalf you are filing.

Name: \_\_\_\_\_  
Address: \_\_\_\_\_

## 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 <http://www.purdue.edu/hipaa> 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 Representatives' Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Relationship (if not patient)

To file a complaint with the Office for Civil Rights, access:  
<http://www.hhs.gov/ocr/privacy/hipaa/complaints/index.html>

Send to: Privacy Officer 601 Stadium Mall Drive West Lafayette, IN 47907-2052 Or Email: <a href="mailto:hipaa-privacy@purdue.edu">hipaa-privacy@purdue.edu</a>
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