

HIPAA COMPLAINT REPORT

Your Name: _____

Address: _____

Telephone Number: _____

Fax: _____

Email 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 webpage at <https://www.purdue.edu/legalcounsel/HIPAA/Covered%20Comp.html> 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).

Patient or Legal Representative Signature

Date

Relationship (if not Patient)

To file a complaint with the Office for Civil Rights, access:
<https://www.hhs.gov/hipaa/filing-a-complaint/index.html>

Send to:
The Office of Legal Counsel
610 Purdue Mall
West Lafayette, IN 47907
Email: legalcounsel@purdue.edu

