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: hipaa-privacy@purdue.edu

For Internal Use Only:

Privacy Officer's acknowledgement of receipt: _____

Complaint was delivered by: *(Circle One)* Personal delivery Regular mail E-mail Voice-mail

Date received: ____/____/____ Time received ____: ____ a.m./p.m.

Communicated to Privacy Liaison at _____

Privacy Liaison's acknowledgement of receipt: _____

Date received: ____/____/____ Time received ____: ____ a.m./p.m.

Process of investigation: _____

Formal action taken/resolution: _____

_____ _____

Privacy Liaison's Signature **Date**

Comments by the Privacy Officer: _____

_____ _____

Privacy Officer's Signature **Date**