How to File a HIPAA Complaint With the County of Orange

FACT SHEET

BACKGROUND - WHAT IS HIPAA? A federal standard for protecting privacy of individually identifiable health information has been established by Congress. This privacy standard is known as the Health Insurance Portability and Accountability Act, or HIPAA. More information on HIPAA and the Privacy Rule can be found at the Office of Civil Rights website, www.hhs.gov/ocr.

HIPAA regulates health plans, health care clearinghouses, and any health care provider who conducts certain health care transactions electronically. The County of Orange Health Care Agency and some County Executive Office programs are included in the HIPAA definitions. The HIPAA Privacy Rule allows you to make a complaint regarding violation of your privacy rights by a covered entity. If you believe that a person, an agency or program covered under HIPAA violated your or someone else's health information privacy rights, or committed another violation of the Privacy Rule, you may file a complaint with the County of Orange Privacy Officer. The Privacy Officer may receive and investigate complaints against County programs which must obey the Privacy Rule.

Your complaint must: (1) be filed in writing, either on paper or electronically; (2) name the entity (person, program or agency) that is the subject of the complaint; (3) describe the acts or omissions believed to be in violation of the applicable requirements of the Privacy Rule; and (4) be filed within 180 days of when you knew that the act or omission complained of occurred. Any alleged violation must have occurred on or after April 14, 2003.

COMPLAINTS – GENERAL INFORMATION Anyone can file written complaints with the Privacy Officer by **mail, fax, or email**. If you need help filing a complaint or have a question about the complaint form, please call (714) 834-5172. Complaints should be sent to the attention of the Deputy County Privacy Officer.

You can submit your complaint in any written format. However, we recommend that you use the County HIPAA Complaint Form, which can be found on our web site at www.ocgov.com/hipaa/forms.htm or you may call the Deputy County Privacy Officer at (714) 834-5172 and have a copy mailed to you.

HIPAA prohibits the alleged violating party from taking retaliatory action against anyone for filing a complaint with the Office for Civil Rights. You should notify the Privacy Officer immediately if you believe you or anyone else is the victim of any retaliatory action.

If you require an answer regarding a general health information privacy question, please view the Frequently Asked Questions at the County of Orange website, www.ocgov.com/hipaa/faqs.htm. If you still need assistance, you may call the Deputy Privacy Officer at (714) 834-5172.

COMPLAINTS – HOW TO FILE *To submit a complaint with this office, please use one of the following methods.*

Option 1: Open and print out the HIPAA Complaint Form in PDF format (you will need Adobe Reader software) and fill it out. Return the completed complaint to the address on the form by mail or fax.

Option 2: Download the HIPAA Complaint Form in Microsoft Word format to your own computer; fill out and save the form using Microsoft Word. Use the Tab and Shift/Tab on your keyboard to move from field to field in the form. Then, you can either: (a) print the completed form and mail or fax it to the address on the form; or (b) email the form to privacyofficer@ocgov.com.

Option 3: Fill out the HIPAA Complaint Form online at www.ocgov.com/hipaa/complaint.asp.

Option 4: You may choose to contact the Deputy County Privacy Officer at (714) 834-5172 and request a Complaint Form be mailed to you. Return the completed complaint to the address on the form by mail or fax.

Option 5: If you choose not to use the provided HIPAA Complaint Form, please provide the information specified below and either: (a) send a letter or fax to HCA Office of Compliance, 405 W. 5th Street, Ste. 676, Santa Ana, CA 92701; fax number (714) 834-6595; or (b) email the form to privacyofficer@ocgov.com. In order to fully consider and investigate a complaint, the following information must be provided:

Your name, full address, home and work telephone numbers, email address.

If you are filing a complaint on someone's behalf, also provide the name of the person on whose behalf you are filing.
Name, full address and phone of the person, agency or organization you believe violated your (or someone else's) health information privacy rights or committed another violation of the Privacy Rule.

Briefly describe what happened. How, why, and when do believe your (or someone else's) health information privacy rights were violated, or the Privacy Rule otherwise was violated?

Any other relevant information, such as, have you filed your complaint somewhere else?
Please sign your name and date your letter.

Please keep a copy of the complaint you submit for your records.

COUNTY OF ORANGE
HIPAA

COMPLAINT FILING FORM

County HIPAA Policy I-3; Complaint Process

For Office Use Only:	DATE RECEIVED:	FILE NUMBER:

The information you provide here will remain confidential to the extent possible. However we may need to divulge information to investigate your claim. Anyone may file a complaint. Members of the workforce may use this form to report violations of HIPAA by others in the workforce.

YOU MAY SUBMIT YOUR COMPLAINT TO:

HCA Office of Compliance
Attn: Deputy County Privacy Officer
405 W. 5th Street, St. 676, Santa Ana, CA 92701
PrivacyOfficer@ocgov.com

If you have questions about this form, please contact the Deputy County Privacy Officer at (714) 834-5172

1. YOUR INFORMATION

LAST NAME:	FIRST NAME:	MIDDLE INITIAL:

ADDRESS:	CITY/STATE:	ZIP CODE:

EMAIL ADDRESS:	DAYTIME TELEPHONE NUMBER:	EVENING TELEPHONE NUMBER:

BEST WAY TO REACH YOU:	BEST HOURS TO REACH YOU:

EMPLOYEES ONLY	**EMPLOYEES MAY FILE COMPLAINTS ANONYMOUSLY**	UNIT TITLE:	SUPERVISOR'S NAME:

2. CONSENT TO DISCLOSE YOUR NAME

PLEASE SELECT ONE OF THE FOLLOWING:

☐ I consent to my name being disclosed to investigate this complaint. We will not divulge information about you in our investigation within the limits allowed in law.

☐ I do not consent to my name being disclosed. Not using your name may hinder our ability to complete the investigation.

3. INFORMATION ABOUT YOUR COMPLAINT

NAME OF THE ORGANIZATION YOUR COMPLAINT IS AGAINST:	NAME OF PERSON YOUR COMPLAINT IS AGAINST:	DATE YOU FIRST NOTICED ACTION OR BELIEVE A VIOLATION OF HEALTH INFORMATION PRIVACY RIGHTS OCCURRED:	DATE(S) ACTION(S) OCCURRED:

ARE YOU FILING THIS COMPLAINT FOR SOMEONE ELSE? ☐ YES ☐ NO

IF YES, WHOSE HEALTH INFORMATION PRIVACY RIGHTS DO YOU BELIEVE WERE VIOLATED:

HEALTH AND MEDICAL INFORMATION PRIVACY COMPLAINT FILING (Continued)

DETAILS OF THE COMPLAINT:

I have reason to believe that one or more of the following has occurred:

- ☐ The organization/person has inappropriately disclosed my personal health information.
- ☐ The organization/person has inappropriately used my personal health information.
- ☐ The organization/person has inappropriately disposed of my personal health information.
- ☐ The organization/person has denied access to my personal health information.
- ☐ The organization/person has denied my amendment to my personal health information.
- ☐ The organization's privacy policies and procedures violate HIPAA requirements.

Please provide a detailed description of your complaint covering *what, when, who, how, where, and if you know, why* about what happened. You may attach additional pages if there is not enough space here. Please be specific about the time and date of the incident, if applicable.

DO YOU HAVE WITNESS(ES): ☐ NO ☐ YES

If yes, please provide the names, addresses and telephone numbers of your witness(s) below:

WITNESS NAME:	ADDRESS:	TELEPHONE NUMBER:
WITNESS NAME:	ADDRESS:	TELEPHONE NUMBER:

4. RESOLUTION OF YOUR COMPLAINT

(ADDITIONAL PAGES MAY BE ATTACHED IF NECESSARY)

PLEASE DESCRIBE HOW YOUR PRIVACY COMPLAINT COULD BE RESOLVED:

5. YOUR SIGNATURE

SIGNATURE: DATE:	You have the right to receive a copy of this form. Acknowledgement of receipt _____ (initial)

Filing a complaint with the County of Orange Privacy Officer is voluntary. However, without the information requested above, the Privacy Officer may be unable to proceed with your complaint. We collect this information under authority of the Privacy Rule issued pursuant to the Health Insurance Portability and Accountability Act of 1996. We will use the information you provide to determine if we have jurisdiction and, if so, how we will process your complaint. Information submitted on this form is treated confidentially. Names or other identifying information about individuals are disclosed when it is necessary for investigation of possible health information privacy violations, for internal systems operations, or for routine uses, which include disclosure of information outside the Privacy Office for purposes associated with health information privacy compliance and as permitted by law. It is illegal for a covered entity to intimidate, threaten, coerce, discriminate or retaliate against you for filing this complaint or for taking any other action to enforce your rights under the Privacy Rule. You are not required to use this form. You also may write a letter or submit a complaint electronically with the same information. To submit an electronic complaint, go to our website at http://www.ocgov.com/hipaa .