



OMES recognizes that an individual who believes that his or her privacy rights have been violated with respect to protected health information has the right to complain without fear of retaliation. If you believe that your privacy rights or the privacy rights of another have been violated, you may file a complaint in writing with OMES or with the Office of Civil Rights.

You may submit your complaint to:  
OMES HIPAA Privacy Officer  
3545 NW 58th, Suite 100, Oklahoma City, OK 73112

### 1. Your Information

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone Number: ( ) - \_\_\_\_\_

Email Address: \_\_\_\_\_

Best way to reach you: \_\_\_\_\_

Best hours to reach you: \_\_\_\_\_

If we cannot reach you, is there someone else we may contact?

Yes  No

If you answered "Yes," please enter the person's name and contact information: \_\_\_\_\_

Do you need any special accommodations for us to communicate with you about this complaint?

Yes  No

If you answered "Yes," please describe the accommodations needed: \_\_\_\_\_

### 2. Consent to Disclose Your Name

Please indicate your consent below:

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

I do not consent to my name being disclosed. I understand that not using my name may hinder OMES' ability to complete the investigation.

### 3. Information about Your Complaint

Name of the person and/or OMES division your complaint is against: \_\_\_\_\_

Date you first noticed action or believe that a violation of health information privacy rights occurred. Please include a specific date or if that date is not available, an approximate date. The date should be in the format MM/DD/YYYY.

Are you filling out this complaint for someone else?

Yes  No

If you answered "Yes," whose health information privacy rights do you believe were violated (Enter the person's first and last name)?

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**4. Details of the Complaint**

Please indicate your complaint below:

- 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 regarding what happened.

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Do you have witnesses?

Yes  No

If you answered "Yes," please provide the names, addresses and telephone numbers (one individual per line) of your witnesses below:

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Have you filed this complaint with another agency/someone else?

Yes  No

If you answered "Yes," please indicate with whom you filed:

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**5. Resolution of Your Complaint**

Please describe how your privacy complaint could be resolved.

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OMES may decide that your complaint does not violate the HIPAA Privacy Rule or any other applicable law or regulation, but another organization may be able to help you. Please choose one of the following:

- I agree to have this complaint disclosed to another organization.
- I do not agree to have this complaint disclosed to another organization.

Filing a complaint with OMES is voluntary. Without the information provided above, the Privacy Officer may be unable to proceed with your complaint. We collect this information under the authority of the Privacy Rule issued pursuant to the Health Insurance Portability and Accountability Act of 1996. We will use this information to determine if we have jurisdiction and, if so, how we will process your complaint. Information submitted on this form will be treated confidentially. Any information provided may be disclosed to the U.S. Department of Health and Human Services or to other state and federal agencies as required 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 may also write a letter or submit a complaint electronically with the same information. Complaints must be filed within 180 days of when you knew the act occurred.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_