



# HIPAA Complaint Fact Sheet

## HOW TO FILE A HEALTH INFORMATION PRIVACY COMPLAINT

### HIPAA COMPLAINT PROCESS

If you believe that a person, agency or department associated with Stanislaus County (the covered entity) violated your (or someone else's) health information privacy rights or committed another violation of the HIPAA Privacy Rule, you may file a complaint. The County has authority to receive and investigate complaints against its covered components related to the Privacy Rule.

### HIPAA COMPLAINT FORMAT

In order to fully consider and investigate a complaint, the following information must be provided:

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 occurred. Any alleged violation must have occurred on or after April 14, 2003, or on or after April 14, 2004 for the County self-insured vision and dental plans.

**Anyone can file written complaints with the County by mail, fax or e-mail.** If you need help filing a complaint or have a question about using the optional complaint form, please call the County Privacy Officer at 209-525-6532. You should direct your complaint to the Privacy Officer at the appropriate department based on where the alleged violation took place.

- Behavioral Health & Recovery—800 Scenic Dr. Modesto, CA 95350 (209) 558-4780—Fax 558-4270
- Community Services Agency—Post Office Box 42, Modesto, CA 95353 (209) 558-2931—Fax 558-2558
- Health Services Agency—Post Office Box 3271, Modesto, CA 95354 (209) 558-7102—Fax 558-8320
- Risk Management—1010 Tenth Street, Suite 5900, Modesto, CA 95354 (209) 525-5715—Fax 525-5779

### HIPAA COMPLAINT FORMS

You can submit your complaint in any written format. However, we recommend that you use the **County Health and Medical Information HIPAA Privacy Complaint Form**.

The form can be found:

- By calling the County Privacy Officer at (209) 525-6532.
- By calling the Privacy Officer at any of the locations listed above.
- On the County web site at <http://www.co.stanislaus.ca.us>

### HIPAA WRITTEN COMPLAINT FORMAT

If you prefer, you may submit your written complaint in your own format. Be sure to include the following information in your written complaint:

- Your name, address, home and work telephone numbers and e-mail address, if available.
- If you are filing a complaint on someone's behalf, also provide the name of the person on whose behalf you are filing.

- Name, address and phone number 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 and include any other important information. Be sure to include how, why and when you believe your, or someone else's health information privacy rights were violated, or the Privacy Rule was otherwise violated.
- State any special accommodations you need for us to communicate with you about this complaint.
- If we cannot reach you, state name and number of someone else we can contact.
- Please sign and date your letter and keep a copy for your records.
- Optional—State whether you filed your complaint with someone else.

### **HIPAA COMPLAINT PROCESS ASSISTANCE**

If you need help filing a complaint, have a question about the complaint form, or want more information on HIPAA and the Privacy Rule, please call the County Privacy Officer at (209) 525-6532. Complaints can be sent to any of the addresses listed above or to the attention of the Stanislaus County Privacy Officer at 1010 Tenth Street, Suite 6800, Modesto, CA 95354. Fax: 209-525-4056. E-mail: [CountyHIPAAPrivacyOfficer@mail.co.stanislaus.ca.us](mailto:CountyHIPAAPrivacyOfficer@mail.co.stanislaus.ca.us)

### **ANONYMOUS HIPAA COMPLAINTS**

In an effort to provide good customer service, the County will make a good faith attempt to investigate anonymous complaints. It is important to provide as much detail as possible because follow-up information will be impossible to gather due to the anonymous nature of the complaint.

### **HIPAA COMPLAINT CONFIDENTIALITY**

The information you provide will not remain strictly confidential. The County may need to share certain information in order to investigate your complaint but will do so within the limits of the law.

### **HIPAA COMPLAINT RESOLUTION**

HIPAA prohibits the alleged violating party from taking retaliatory action against anyone for filing a complaint. Stanislaus County strives to improve the quality of service provided to our customers and makes every effort possible to safeguard protected health information. Our goal is the prompt resolution of HIPAA complaints.

### **SUMMARY OF HIPAA COMPLAINT FILING OPTIONS**

NOTE: Behavioral Health & Recovery Services has an existing complaint process. If you choose not to use the Health Information Privacy Complaint Form, you have the option of using their complaint form to file a HIPAA complaint. You also have the options listed below:

1. Open and print out the Health Information Privacy Complaint Form in PDF format—you will need Adobe Reader software. Return the completed complaint to the appropriate address by mail or fax.
2. Download the Health Information Privacy Complaint Form in Microsoft Word to your personal computer; fill out and save the form. You can either: (a) print the completed form and mail it to one of the addresses listed on the form; or (b) e-mail the form to [CountyHIPAAPrivacyOfficer@mail.co.stanislaus.ca.us](mailto:CountyHIPAAPrivacyOfficer@mail.co.stanislaus.ca.us) or (c) fax it.
3. Fill out the Health Information Privacy Complaint Form online at <http://www.co.stanislaus.ca.us>
4. Contact the Privacy Officer at 209-525-6532 and request a complaint form be mailed to you. Return the completed complaint to any of the addresses on the form by mail or fax.
5. If you choose not to use the Health Information Privacy Complaint Form, please provide the information specified above and either send a letter or fax to the appropriate department or send an e-mail to [CountyHIPAAPrivacyOfficer@mail.co.stanislaus.ca.us](mailto:CountyHIPAAPrivacyOfficer@mail.co.stanislaus.ca.us)