



CONFIDENTIAL

PRIVACY AND SECURITY COMPLAINT FORM

The County of Orange enforces the Health Insurance Portability and Accountability Act (HIPAA) Privacy, Security, and Breach Notification Rules, the Patient Safety Act and Rule, and the California Privacy laws, which protect your information. If you believe the County of Orange or its business associates violated your (or someone else's) privacy rights or committed another violation under the HIPAA Privacy, Security, and Breach Notification Rules or the Patient Safety Act and Rule, you may file a complaint with the County Privacy Officer.

INDIVIDUAL FILING COMPLAINT			
Last Name:		First Name:	Middle Initial:
Address:		City/State:	Zip Code:
Daytime Telephone Number (Required):	Evening Telephone Number:	E-mail Address:	Best Hours to Reach You:
()	()		
Are you filing this complaint on behalf of someone else?			
<input type="checkbox"/> YES <input type="checkbox"/> NO		If yes, who's privacy rights do you believe were violated?	
CONSENT TO DISCLOSE YOUR NAME			
Please select one of the following:			
<input type="checkbox"/> I consent to my name being disclosed to investigate this complaint.			
<input type="checkbox"/> I <u>do not</u> consent to my name being disclosed. Please note that not using your name may hinder, limit, or delay our ability to investigate this complaint.			
INFORMATION ABOUT YOUR COMPLAINT			
Name of organization your complaint is against:		Name of person your complaint is against:	
Date(s) Action(s)/violation(s) Occurred:	Address	Phone number	
Details of the complaint:			
I have reason to believe that one or more of the following has occurred:			
<input type="checkbox"/> The organization/person has inappropriately disclosed my information or other confidential personal information.			
<input type="checkbox"/> The organization has inappropriately used my information or other confidential personal information.			
<input type="checkbox"/> The organization/person has inappropriately disposed of my information or other confidential personal information.			
<input type="checkbox"/> The organization/person has denied me or my personal representative access to my information or other confidential personal information.			
<input type="checkbox"/> The organization/person has denied my request to amend my information or other confidential personal information.			
<input type="checkbox"/> The organization's privacy policies and procedures violate the law.			
Please provide a detailed description of your complaint covering what, when, who, how, where, and why. You may attach additional pages if there is not enough space here:			

Do you have witness(es)? <input type="checkbox"/> YES <input type="checkbox"/> NO If YES, please provide the names, addresses, and telephone numbers of your witness(es) below:		
Witness Name:	Address:	Telephone Number:
Witness Name:	Address:	Telephone Number:
Witness Name:	Address:	Telephone Number:
YOUR SIGNATURE		
I certify that the information on this form is true and correct to the best of my information, knowledge, and belief. Signature _____		Date _____
Filing a complaint is voluntary. However, without the information requested above, we may not be able to proceed with your complaint. We will use the information to evaluate your complaint and determine how we will process your complaint. Information submitted on this form is treated as confidential. Names or other identifying information about individuals are disclosed when it is necessary to investigate possible health information privacy violations, internal systems operations, or routine uses. This can include disclosure of information outside the Department for purposes associated with health information privacy compliance and as required or permitted by law. It is illegal for a covered entity to intimidate, threaten, coerce, discriminate, or retaliate against you for filing this complaint. You are not required to use this form. You may also write a letter or submit a complaint electronically with the same information to us.		
Mail this completed complaint form to: <div style="text-align: center;"> COUNTY PRIVACY OFFICER COUNTY OF ORANGE OCIT – Enterprise Privacy & Cybersecurity 721 SOUTH PARKER ST., 2nd Floor ORANGE, CA 92868 </div> If you have questions about this form, please contact the Privacy Officer at privacyofficer@ocgov.com		You may file a complaint with the Regional Manager or DHHS at: <div style="text-align: center;"> REGIONAL MANAGER DEPARTMENT OF HEALTH AND HUMAN SERVICES OFFICE FOR CIVIL RIGHTS 90 7th STREET, SUITE 4-100 SAN FRANCISCO, CA 94103 </div>