**Gerald L. Ignace Indian Health Center, Inc.**



**HIPAA Complaint Form**

*I understand that I have a right under the federal Privacy Rule to file a complaint with GLIIHC in relation to the agencies privacy practices and my protected health information (PHI).*

*I am filing a complaint concerning GLIIHC’s policies and procedures relating to my protected health information. I understand that my complaint must be filed in writing, either on paper or electronically. If I need assistance completing this form or have any questions regarding this process, I will contact:*

*Jaymeelah Letherwood, HIPAA Privacy Officer*

*Gerald L. Ignace Indian Health Center, Inc.*

*930 W. Historic Mitchell Street, Milwaukee, WI 53204*

*(414) 383-9526*

*Name of Complainant: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

*Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

*Phone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

*Preferred means of contact: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

*Subject of Complaint: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

*Date of Occurrence: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

*Description of the act(s) or omission(s) believed to violate your rights to privacy, state or federal privacy laws:*

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*Please describe how you would suggest this act or omission be resolved:*

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*Signature of Complainant Date*

*If complaint is made on behalf of another individual, please complete the following:*

*Explain relationship/legal authority enabling you to act on behalf of the subject individual:*

*\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

***The Gerald L. Ignace Indian health Center, Inc. takes all complaints and concerns seriously. The designated HIPAA Privacy Officer and/or HIPAA Security Officer will promptly investigate your complaint and send you a written response within 30 days of receiving your complaint.***