

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 GLIHC in relation to the agencies privacy practices and my protected health information (PHI).

I am filing a complaint concerning GLIHC'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:

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

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.