

BERKS COUNTY

**CLIENT COMPLAINT REGARDING
MANAGEMENT OF PROTECTED HEALTH INFORMATION**

The purpose of this form is to help you in filing a complaint with the HIPAA Privacy Officer. You are not required to use this form. You may also write a letter or submit a complaint directly to the U.S. Department of Health and Human Services.

Name and Address of Person Filing Complaint:

Are you filing this complaint for someone else? Circle YES NO

If YES, whose health information privacy rights do you believe were violated?

FIRST NAME _____ LAST NAME _____

WHO do you believe violated your (or someone else's) health information privacy rights or committed another privacy violation? _____

WHEN do you believe that the violation of health information privacy rights occurred?
_____ (date(s))

DESCRIBE briefly what happened. How and why do you believe your (or someone else's) health information privacy rights were violated? Be as specific as possible. Attach additional pages as needed.

Please sign and date this form.

Signature

Date

To register your complaint about the way Berks County has handled your protected health information, complete the following form and deliver it to:

HIPAA Privacy Officer
Berks County
Beth K. Schiepan, Director of Human Resources
633 Court Street- 8th floor- Human Resources
Reading, PA 19601

You also have the right to complain directly to the U.S. Department of Health and Human Services, Office of Civil Rights at the following address:

U.S. Department of Health and Human Services
Office of Civil Rights
200 Independence Ave., S. W.
Washington, D. C. 20201