



# HIPAA Privacy Complaint Form

**This complaint form concerns protected health information maintained by HMAA and related Business Associates subject to the HIPAA Privacy Rules.**

To: **Privacy Officer - HMAA**

Date: \_\_\_\_\_

From: \_\_\_\_\_ Member ID: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
(Name of Member or Individual) (If applicable) (mm/dd/yy)

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

City, State Zip: \_\_\_\_\_ Phone: \_\_\_\_\_

**Who do you believe violated your (or someone else's) health information privacy rights or committed another violation of the Privacy Rule?**

\_\_\_\_\_  
Workforce Member or Department Name

Violation Date: \_\_\_\_\_  
(mm/dd/yy)

**What right was violated?**

- Access to Records Request Denied
- Confidential Communications Request Denied
- Accounting of Disclosures Request Denied
- Other
- Amendment of Health Request Denied
- Restriction of Use and Disclosures Request Denied
- Breach of Confidentiality

**Describe the Privacy violation:** (Required; Attach additional pages if necessary)

**What action, if any, do you believe will correct the problem?**

\_\_\_\_\_  
Member or Legal Representative's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Member or Legal Representative's Name (please print)

\_\_\_\_\_  
Relationship of Representative to Member  
(A Written Authorization Form may be requested.)

**You have the following rights if you are filing a privacy complaint:**

- The privacy complaint must be filed within 180 calendar days of when you knew that the identified act or omission occurred. This time period may be extended if you can show good cause.
- Any alleged violation must have occurred after April 14, 2003.

**You have the right to file a privacy complaint:**

- Individuals may file privacy complaints with HMAA or the U.S. Department of Health and Human Services, Office of Civil Rights. You will not be penalized for filing a complaint.

**Privacy complaints may be directed to either of the following.**

**Privacy Officer - HMAA**  
737 Bishop Street, Suite 1200  
Honolulu, HI 96813  
Phone: (808) 591-0088  
Toll-Free: (800) 621-6998  
Fax: (808) 591-0463

**OR**

**Region IX, Office of Civil Rights**  
U.S. Department of Health and Human Services  
50 United Nations Plaza- Room 332  
San Francisco, CA 94102  
Phone: (415) 437-8310  
Fax: (415) 437-8329  
TDD: (415) 437-8311  
Email: [OCRComplaint@hhs.gov](mailto:OCRComplaint@hhs.gov)

**Internal Use Only**

Date Received: \_\_\_\_\_