



HIPAA Privacy Complaint Form

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

Member Name: _____ Member ID: _____ Date of Birth: _____

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 | ☐ Amendment of Health Request Denied |
| ☐ Confidential Communications Request Denied | ☐ Restriction of Use and Disclosures Request Denied |
| ☐ Accounting of Disclosures Request Denied | ☐ Breach of Confidentiality |
| ☐ Other | |

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 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.
- 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 the following.

Privacy Officer - HMAA

220 South King Street, Suite 1200

Honolulu, HI 96813

Phone (808) 591-0088

Toll-Free (800) 621-6998

Fax (808) 591-0463

Internal Use Only

Date Received: _____