

APPENDIX II
FORM 12
HIPAA COMPLAINT FORM

CLAY COUNTY ("CLAY COUNTY")

HIPAA COMPLAINT FORM

Your Name: _____

Address: _____

Telephone Number: _____ Fax: _____

E-mail Address: _____ Date: _____

If you are filing a complaint on someone's behalf, provide the name and address of the person on whose behalf you are filing.

Name: _____

Address: _____

Information about Suspected Privacy Violation:

Please list the name of the Clay County staff member(s) and/or program that is suspected of a privacy violation: _____

Please describe in detail the nature of your privacy complaint, including the date or dates of the incident(s), and the name or names of any Clay County staff members involved and other witnesses (attach additional sheets if necessary):

Printed Name _____

Signature _____

Relationship _____

Date _____

Send to: Clay County Privacy Officer