

Complaint for Alleged Violation of Disclosure of Protected Health Information ("PHI")

Montana Department of Public Health and Human Services
P.O. Box 202960, Helena, MT 59620-2690

The Health Insurance Portability and Accountability Act ("HIPAA") requires that the Department of Public Health and Human Services ("DPHHS") maintain the confidentiality of your Protected Health Information ("PHI") and that we notify you of the ways we use and disclose your PHI to other entities or individuals. You also have a right to file a written complaint if you believe that DPHHS or another organization that works for us has violated this confidentiality. DPHHS will not discriminate or retaliate against you because of this complaint. Insofar as you are able, please provide detailed information so we can investigate your complaint.

Please complete the sections below:

Name:
Address:
Phone:
E-mail address:
What is the best way to reach you?
What are best hours to reach you?

Details of your complaint: (Please be as specific as possible with dates, times, and the specific policy, procedure, or action taken. Include the names, if any, of anyone in the office with whom you discussed this matter. Use the other side of this form if you need more room.)

Signature: _____ Date: _____

This section is to be completed by the reviewer:

Date received:	Reviewed by:
Privacy Officer:	Review date:

Reviewer's Comments and Action Taken: