



JOHN NAIMO
AUDITOR-CONTROLLER

**COUNTY OF LOS ANGELES
DEPARTMENT OF AUDITOR-CONTROLLER
HIPAA Compliance Unit**

**Health Insurance Portability and Accountability Act (HIPAA)
Privacy Complaint Form**

The information you provide here will be kept confidential to the degree possible. However, we may need to reveal the information to investigate your complaint. Anyone may file a complaint.

You may mail your complaint to:

**Chief HIPAA Privacy Officer
County of Los Angeles
Dept. of Auditor-Controller
Office of County Investigation/HIPAA Compliance Unit
500 W. Temple Street, Room 515, Los Angeles, CA 90012**

HIPAA Hotline (213) 974-2164

YOUR INFORMATION

Last Name:	First Name:	Middle Initial
Address:	City/State:	Zip Code:
Email Address:	Day Time Phone Number:	Cell Phone Number:

CONSENT TO DISCLOSE YOUR NAME

Please select one of the following:

- I consent to my name being disclosed to investigate this complaint.
- I do not consent to my name being disclosed. I understand that not releasing my name may interfere with the completion of the investigation.

INFORMATION ABOUT THE COMPLAINT	
Name of the Agency your complaint is Against:	Name of Person Your Complaint is Against:
Date (s) Problem (s) Occurred:	
DETAILS OF THE COMPLAINT	
<p>I have reason to believe that one or more of the following has happened:</p> <ul style="list-style-type: none"> <input type="checkbox"/> The agency/person has inappropriately disclosed my personal health information. <input type="checkbox"/> The agency/person has inappropriately used my personal health information. <input type="checkbox"/> The agency/person has inappropriately disposed of my personal health information. <input type="checkbox"/> The agency/person has denied access to my personal health information. <input type="checkbox"/> The agency/person has denied an amendment to my personal health information. <input type="checkbox"/> The agency's privacy policies and procedures violate HIPAA requirements. <input type="checkbox"/> Other(explain): _____ 	
<p>Please describe your complaint including: what, when, who, how, where, and if you know, why about what happened. You may attach additional pages if there is not enough space for you to write here.</p>	

