Travis County HIPAA Complaint Form

Description: This form is used to make written complaints to Travis County regarding a HIPAA practice, policy, or procedure, or for potential privacy violations. Individuals wishing to make such complaints are not required to fill out this form; they may also contact the Privacy Officer directly to make

The Health Information Portability and Accountability Act (HIPAA) of 1996, allows individuals the right to complain about our privacy policies and procedures or if you believe we have violated yours or another person's privacy rights. When a complaint is received, the Privacy Officer will generally attempt to come to an appropriate resolution within 30 days. Depending on the circumstances, this may take longer. Travis County Government will **not** engage in any discriminatory or other retaliatory behavior against you because of this complaint.

Please complete as much information as possible. If you have any questions regarding this form, you can contact our Privacy Officer at (512) 854-1114.

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

What component* of Travis County is suspected of privacy violation:
_____

**Travis County is a "hybrid entity" under federal HIPAA privacy regulations. A list of the covered components within Travis County is available from the Privacy Officer or on the Travis County web page https://www.traviscountytx.gov/hipaa*

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 Travis County personnel involved and other witnesses (attach additional sheets if necessary):
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____

_____ _____

Patient/client or Legal Representatives' Signature Date

_____

Relationship (if not patient/client)

Send to:
Sara Krause
Privacy Officer
700 Lavaca, Ste. 1100
Austin, TX 78701

You can file a complaint with the U.S. Department of Health and Human Services Office for Civil Rights by sending a letter to 200 Independence Avenue, S.W., Washington, D.C. 20201, calling 1-877-696-6775, or visiting **www.hhs.gov/ocr/privacy/hipaa/complaints/**

For Travis County Use Only

Complaint was delivered by:	☐ Personal delivery ☐ Regular mail ☐ E-mail ☐ Voice mail ☐ Telephone
Privacy Officer acknowledgement of receipt: _____ Date Received: _____ Complaint number: _____ Privacy Liaison's acknowledgement of receipt: _____ Date Received: _____	

Process of investigation: _____

_____

_____

_____

_____

_____

Formal action taken/resolution: _____

_____

_____

_____

_____

_____

_____ _____

Privacy Liaison's Signature **Date**

Privacy Officer Comments: _____
_____
_____
_____

_____ _____
Privacy Officer's Signature **Date**