

Policy CS 30: HIPAA Privacy Practices Complaint Form

You have the right to file a complaint with us about our HIPAA privacy practices or our compliance with our Notice of Privacy Practices, our privacy policies or procedures, or federal or state privacy rules or laws. Filing your complaint will not adversely affect our treatment of you.

You may, in addition to or instead of filing a complaint with us, file a complaint with the [United States Department of Health and Human Services](http://www.hhs.gov).

SECTION I:

Name: _____

Medical Record Number _____ OR SSN (Last 4 Digits) _____

Address: _____

Email Address: _____

Phone: _____

SECTION II:

Please give a brief description of your complaint:

Please describe the resolution you seek for your complaint:

Signature: _____

Date: _____

SECTION III:

To submit your complaint, please mail or email to:

University of Pittsburgh Privacy Officer: Office of Compliance, Investigations & Ethics
Craig Hall, Suites 508-516
200 S. Craig Street
Pittsburgh, PA 15260
compliance@pitt.edu
(412) 383-2766



UNIVERSITY OF PITTSBURGH INTERNAL USE ONLY

Date Received: _____

Received and Processed by:

Name: _____

Position: _____

Case submitted to Pitt Concern Connection: YES NO

Pitt Concern Connection Case Number: _____