

## HIPAA Privacy Complaint Form

Complete the following chart with information about you, please print.

Name of employee perceived to have violated the privacy policies and procedures:  Please provide the details of your complaint:  I am completing this complaint form in regard to the Plan's practices, policies, procedu or compliance under the privacy standards of the Health Insurance Portability and Accountability Act (HIPAA). I understand that although the Plan reviews and makes determinations regarding every complaint received, the Plan does not respond to every complaint in writing.	,	, , ,	•
Phone:  Date of Violation:  Name of employee perceived to have violated the privacy policies and procedures:  Please provide the details of your complaint:  I am completing this complaint form in regard to the Plan's practices, policies, procedu or compliance under the privacy standards of the Health Insurance Portability and Accountability Act (HIPAA). I understand that although the Plan reviews and makes determinations regarding every complaint received, the Plan does not respond to every complaint in writing.  Signature of person making the complaint Date  Privacy Official Human Resources 7575 E. Main Street	Name (Last, First, MI):		
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Phone: (480) 312-7600 FAX: (480) 312-7960