



THE UNIVERSITY OF NORTH CAROLINA
AT CHAPEL HILL

HIPAA Complaint Form for Protected Health Information (PHI)

You may use this form to file a HIPAA complaint. This form is for the submission of complaints regarding covered University unit's activity that may not be compliant with the HIPAA privacy standards. Please note, contact information by the person submitting the complaint is used for the sole purpose of providing a response to the complaint after an investigation has been conducted. Mail this Complaint Form to:

University HIPAA Privacy Officer
CB #9105, 137 E. Franklin St., Suite 300B
UNC-Chapel Hill
Chapel Hill, NC 27599-9105

Additional copies of this form may be printed from the University HIPAA web site at <http://www.unc.edu/hipaa>. All submissions need to be mailed, in hard form, as directed above.

SECTION A: COMPLAINANT CONTACT INFORMATION (person or entity filing the complaint)

NOTE: You may file an anonymous complaint by NOT completing this section.

Please print:

First Name: _____ Middle Initial: ____ Last Name: _____

Title/Organization (if applicable): _____

Street Address: _____

City: _____ State: _____ ZIP Code: _____

Telephone: _____ Email Address: _____

Signature of person completing form: _____ Date: _____

Campus Address, phone and email, if you are a member of the University's workforce and completing this form on an individual's behalf:

SECTION B: SPECIFIC COMPLAINT INFORMATION (use additional sheets if necessary)

Name of University Unit (if known): _____

Name(s) of any known Unit Contact Persons: _____

Name of individual whose privacy rights may have been compromised (if applicable): _____

Nature of perceived violation:

- Public display of protected health information "PHI" data/files
- Non-confidential communication of PHI in public manner or place
- Electronic communication or transfer of PHI data to unauthorized audience
- Excessively broad usage/knowledge of PHI among the unit's workforce
- Mishandling or unauthorized destruction of PHI
- Misuse or unauthorized disclosure of PHI
- Other _____

Protected Health Information, "PHI", is information, including demographic data, which is created by or received by a health care provider, health plan, employer, or health care clearinghouse; and relates to the past, present, or future physical or mental health or condition of an individual.

Description of Complaint (including dates): _____

The University will respond to this complaint within 60 calendar days of its receipt, provided adequate contact information has been provided. If an extension is required, the University will contact you in advance of the 60 day response deadline. The University will mitigate, to the extent practicable, any harmful effect that is known of a use or disclosure of PHI in violation of its policies and procedures or the HIPAA privacy requirements by the University or its Business Associates.