CS-1782
REV 2/2017

State of Michigan
Civil Service Commission
EMPLOYEE BENEFITS DIVISION
400 South Pine Street, P.O. Box 30002
Lansing, Michigan 48909

PRIVACY COMPLAINT NO.

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(Assigned by Privacy Official)

HIPAA PRIVACY COMPLAINT FORM

This form must be used to file a Health Insurance Portability and Accountability Act (HIPAA) privacy complaint with the Privacy Official for the state health plans administered by the Employee Benefits Division. Before completing and filing this form, see Michigan Civil Service Regulation 5.18, *Group Insurance Plan Complaints,* and Regulation 8.06, *Computing Time and Filing Documents,* available on the web at **https://www.michigan.gov/mdcs/rules-regs/regulations** or at your personnel office. The Privacy Official will review the complaint and provide a written response to all interested parties.

NOTE: To file a privacy complaint with the Privacy Official, you must mail it to the address above, fax it to 517-284-0078, or e-mail it to **MCSC-HIPAA@michigan.gov**. You must include in this filing all underlying and relevant documents. The Privacy Official may also be contacted by telephone at 800-505-5011.

COMPLAINANT'S NAME (Please print)	EMPLOYEE ID NO.	WORK PHONE NO. (and EXT.)	
COMPLAINANT'S HOME MAILING ADDRESS	CITY	STATE	ZIP CODE
HOME PHONE NO.	FAX NUMBER	E-MAIL ADDRESS	

INFORMATION ABOUT YOUR COMPLAINT REGARDING YOUR PERSONAL HEALTH INFORMATION (PHI)

PERSON OR ORGANIZATION COMPLAINT IS AGAINST:	DATE YOU FIRST NOTICED ACTION:	DATES ACTIONS OCCURRED:

Please check the appropriate reason for your complaint and provide your statement below.

☐ My protected health information (PHI) was inappropriately used.	☐ I was inappropriately denied access to my PHI.
☐ My PHI was inappropriately disclosed.	☐ I was inappropriately denied amendments to my PHI.
☐ My PHI was inappropriately disposed.	☐ Privacy policies violate HIPAA requirements.

STATEMENT: Specifically describe what happened and the effect on your PHI or privacy. (Attach and label additional sheets, if needed.)

WITNESSES: If you have witnesses, please provide names and contact information. (Attach and label additional sheets, if needed.)

WITNESS NAME:	ADDRESS:	TELEPHONE NUMBER:

RELIEF SOUGHT: Please describe how your privacy complaint could be resolved.

SIGNATURE	DATE

KEEP A COPY FOR YOUR RECORDS