



FACT SHEET

U.S. Department of Health and Human Services • Office for Civil Rights

HOW TO FILE A HEALTH INFORMATION PRIVACY COMPLAINT WITH THE OFFICE FOR CIVIL RIGHTS

If you believe that a covered entity violated your (or someone else's) health information privacy rights or committed another violation of the HIPAA Privacy Rule,¹ you may file a complaint with OCR. OCR can investigate complaints against covered entities related to the HIPAA Privacy Rule.

COVERED ENTITIES - A covered entity is a health plan, health care clearinghouse, and any health care provider that conducts certain health care transactions electronically. For more information about the HIPAA Privacy Rule, please review our [Understanding HIPAA](#) section or look at our responses to [Frequently Asked Questions \(FAQs\)](#) on our web site, <http://www.hhs.gov/ocr/hipaa>.

COMPLAINT REQUIREMENTS - Your complaint must:

- (1) Be filed in writing, either on paper or electronically, by mail, fax, or email;
- (2) Name the covered entity involved and describe the acts or omissions you believe violated the requirements of the HIPAA Privacy Rule; and
- (3) Be filed within 180 days of when you knew that the act or omission complained of occurred. OCR may extend the 180-day period if you can show "good cause."

ANYONE CAN FILE! - Anyone can file written complaints with OCR. We recommend that you use the OCR [Health Information Privacy Complaint Form Package](#) found on our web site at <http://www.hhs.gov/ocr/howtofileprivacy.pdf>. You can request a copy of this form from an [OCR regional office](#). If you need help filing a complaint or have a question about the complaint or consent forms, please email OCR at OCRMail@hhs.gov.

THE HIPAA PRIVACY RULE PROHIBITS RETALIATION - Under the HIPAA Privacy Rule an entity cannot retaliate against you for filing a complaint. You should notify OCR immediately in the event of any retaliatory action.

HOW TO SUBMIT YOUR COMPLAINT TO OCR - *To submit a complaint to OCR, please use one of the following methods.* If you mail or fax the complaint, be sure to send it to the appropriate [OCR regional office](#) based on where the alleged violation took place. OCR has ten regional offices, and each regional office covers specific states. Send your complaint to the attention of the OCR Regional Manager. You do not need to sign the complaint and consent forms when you submit them by email because submission by email represents your signature.

Option 1: Open and fill out the [Health Information Privacy Complaint Form Package](#) in PDF format. You will need Adobe Reader software to fill out the complaint and consent forms. You may either: (a) print and mail or fax the completed complaint and consent forms to the appropriate [OCR regional office](#); or (b) email the completed complaint and consent forms to OCRComplaint@hhs.gov. (Please note that communication by unencrypted email presents a risk that personally identifiable information contained in such an email, may be intercepted by unauthorized third parties.)

Option 2: If you choose not to use the OCR [Health Information Privacy Complaint Form Package](#), please provide the information specified below by either: (a) mail or fax to the appropriate [OCR regional office](#); or (b) email to OCRComplaint@hhs.gov.

¹ The Standards for the Privacy of Individually Identifiable Health Information under the Health Insurance Portability and Accountability Act of 1996.

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If you prefer, you may submit a *written* complaint in your own format. Be sure to include the following information:

1. Your name
2. Full address
3. Telephone numbers
4. E-mail address (if available)
5. Name, full address and telephone number of the person, agency or organization you believe violated your (or someone else's) health information privacy rights or committed another violation of the HIPAA Privacy Rule
6. Brief description of what happened. How, why, and when do you believe your (or someone else's) health information privacy rights were violated, or how the HIPAA Privacy Rule otherwise was violated
7. Any other relevant information
8. Your signature and date of complaint

If you are filing a complaint on someone's behalf, also provide the name of the person on whose behalf you are filing.

The following information is *optional*:

1. Do you need special accommodations for us to communicate with you about this complaint?
2. Who else can we call if we cannot reach you?
3. Have you filed your complaint somewhere else? If so, where?

OCR Regional Addresses

<p>Region I - CT, ME, MA, NH, RI, VT Office for Civil Rights, U.S. DHHS JFK Federal Building - Room 1875 Boston, MA 02203 (617) 565-1340; (617) 565-1343 (TDD); (617) 565-3809 FAX</p>	<p>Region VI - AR, LA, NM, OK, TX Office for Civil Rights, U.S. DHHS 1301 Young Street - Suite 1169 Dallas, TX 75202 (214) 767-4056; (214) 767-8940 (TDD); (214) 767-0432 FAX</p>
<p>Region II - NJ, NY, PR, VI Office for Civil Rights, U.S. DHHS 26 Federal Plaza - Suite 3313 New York, NY 10278 (212) 264-3313; (212) 264-2355 (TDD); (212) 264-3039 FAX</p>	<p>Region VII - IA, KS, MO, NE Office for Civil Rights, U.S. DHHS 601 East 12th Street - Room 248 Kansas City, MO 64106 (816) 426-7277; (816) 426-7065 (TDD); (816) 426-3686 FAX</p>
<p>Region III - DE, DC, MD, PA, VA, WV Office for Civil Rights, U.S. DHHS 150 S. Independence Mall West - Suite 372 Philadelphia, PA 19106-3499 (215) 861-4441; (215) 861-4440 (TDD); (215) 861-4431 FAX</p>	<p>Region VIII - CO, MT, ND, SD, UT, WY Office for Civil Rights, U.S. DHHS 1961 Stout Street - Room 1426 Denver, CO 80294 (303) 844-2024; (303) 844-3439 (TDD); (303) 844-2025 FAX</p>
<p>Region IV - AL, FL, GA, KY, MS, NC, SC, TN Office for Civil Rights, U.S. DHHS 61 Forsyth Street, SW. - Suite 3B70 Atlanta, GA 30303-8909 (404) 562-7886; (404) 331-2867 (TDD); (404) 562-7881 FAX</p>	<p>Region IX - AZ, CA, HI, NV, AS, GU, The U.S. Affiliated Pacific Island Jurisdictions, Office for Civil Rights, U.S. DHHS 90 7th Street, Suite 4 -100 San Francisco, CA 94103 (415) 437-8310; (415) 437-8311 (TDD); (415) 437-8329 FAX</p>
<p>Region V - IL, IN, MI, MN, OH, WI Office for Civil Rights, U.S. DHHS 233 N. Michigan Ave. - Suite 240 Chicago, IL 60601 (312) 886-2359; (312) 353-5693 (TDD); (312) 886-1807 FAX</p>	<p>Region X - AK, ID, OR, WA Office for Civil Rights, U.S. DHHS 2201 Sixth Avenue - Mail Stop RX-11 Seattle, WA 98121 (206) 615-2290; (206) 615-2296 (TDD); (206) 615-2297 FAX</p>