



# 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 person, agency or organization covered under the HIPAA Privacy Rule ("a covered entity") violated your (or someone else's) health information privacy rights or committed another violation of the Privacy Rule, you may file a complaint with the Office for Civil Rights (OCR). OCR has authority to receive and investigate complaints against covered entities related to the Privacy Rule. A covered entity is a health plan, health care clearinghouse, and any health care provider who conducts certain health care transactions electronically. For more information about the Privacy Rule, please look at our responses to Frequently Asked Questions (FAQs) and our Privacy Guidance. (See the web link near the bottom of this form.)

Complaints to the Office for Civil Rights must: (1) Be filed in writing, either on paper or electronically; (2) name the entity that is the subject of the complaint and describe the acts or omissions believed to be in violation of the applicable requirements of the 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." Any alleged violation must have occurred on or after April 14, 2003 (on or after April 14, 2004 for small health plans), for OCR to have authority to investigate.

Anyone can file written complaints with OCR by mail, fax, or email. If you need help filing a complaint or have a question about the complaint form, please call this OCR toll free number: 1-800-368-1019. OCR has ten regional offices, and each regional office covers certain states. You should send your complaint to the appropriate OCR Regional Office, based on the region where the alleged violation took place. Use the [OCR Regions list](#) at the end of this Fact Sheet, or you can look at the [regional office map](#) to help you determine where to send your complaint. Complaints should be sent to the attention of the appropriate OCR Regional Manager.

You can submit your complaint in any written format. We recommend that you use the OCR Health Information Privacy Complaint Form which can be found on our web site or at an OCR Regional office. If you prefer, you may submit a written complaint in your own format. Be sure to include the following information in your *written* complaint:

**Your name, full address, home and work telephone numbers, email address.**

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

**Name, full address and phone of the person, agency or organization you believe violated your (or someone else's) health information privacy rights or committed another violation of the Privacy Rule.**

**Briefly describe what happened. How, why, and when do you believe your (or someone else's) health information privacy rights were violated, or the Privacy Rule otherwise was violated?**

**Any other relevant information.**

**Please sign your name and date your letter.**

*The following information is optional:*

**Do you need special accommodations for us to communicate with you about this complaint?**

**If we cannot reach you directly, is there someone else we can contact to help us reach you?**

**Have you filed your complaint somewhere else?**

The Privacy Rule, developed under authority of the Health Insurance Portability and Accountability Act of 1996 (HIPAA), prohibits the alleged violating party from taking retaliatory action against anyone for filing a complaint with the Office for Civil Rights. You should notify OCR immediately in the event of any retaliatory action. *To submit a complaint with OCR, please use one of the following methods.* If you mail or fax the complaint, be sure to follow the instructions above for determining the correct regional office.

*Option 1:* Open and print out the [Health Information Privacy Complaint Form](#) in PDF format (you will need Adobe Reader software) and fill it out. Return the completed complaint to the appropriate OCR Regional Office by mail or fax.

*Option 2:* Download the [Health Information Privacy Complaint Form](#) in Microsoft Word format to your own computer, fill out and save the form using Microsoft Word. Use the Tab and Shift/Tab on your keyboard to move from field to field in the form. Then, you can either: (a) print the completed form and mail or fax it to the appropriate OCR Regional Office; or (b) email the form to OCR at [OCRComplaint@hhs.gov](mailto:OCRComplaint@hhs.gov).

*Option 3:* If you choose not to use the OCR-provided Health Information Privacy Complaint Form (although we recommend that you do), please provide the information specified above and either: (a) send a letter or fax to the appropriate OCR Regional Office; or (b) send an email OCR at [OCRComplaint@hhs.gov](mailto:OCRComplaint@hhs.gov).

If you require an answer regarding a general health information privacy question, please view our Frequently Asked Questions (FAQs). If you still need assistance, you may call OCR (toll-free) at: 1-866-627-7748. You may also send an email to [OCRPrivacy@hhs.gov](mailto:OCRPrivacy@hhs.gov) with suggestions regarding future FAQs. Emails will not receive individual responses.

**Website:** <http://www.hhs.gov/ocr/hipaa>

<p>Region I - CT, ME, MA, NH, RI, VT Office for Civil Rights U.S. Department of Health &amp; Human Services 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. Department of Health &amp; Human Services 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. Department of Health &amp; Human Services 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. Department of Health &amp; Human Services 601 East 12<sup>th</sup> 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. Department of Health &amp; Human Services 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. Department of Health &amp; Human Services 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. Department of Health &amp; Human Services 61 Forsyth Street, SW. - Suite 3B70 Atlanta, GA 30323 (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. Department of Health &amp; Human Services 90 7<sup>th</sup> 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. Department of Health &amp; Human Services 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. Department of Health &amp; Human Services 2201 Sixth Avenue - Mail Stop RX-11 Seattle, WA 98121 (206) 615-2290; (206) 615-2296 (TDD) (206) 615-2297 FAX</p>