DELAWARE HEALTH AND SOCIAL SERVICES

Division of Developmental Disabilities Services

HEALTH INFORMATION PRIVACY COMPLAINT

Person's whose rights where violate:

Your First Name:	**Your Last Name:**	
Street Address:		
City:	**State:**	**Zip:**
Home Phone Number:	**Email Address:**	

Are you filing this complaint for someone else? ☐Yes ☐ No

If yes, please write your first and last name.

First Name:	**Last Name:**

Who (or what agency or organization, e.g., provider) do you believe violated your (or someone else's) health information privacy rights or committed another violation of the Privacy Rule?

Person/ Agency:		
Street Address:		
City:	**State:**	**Zip:**
Phone Number:		

When do you believe that the violation of health information privacy rights occurred? List date(s)

_____

According to the HIPAA Privacy notice how and why do you believe your (or someone else's) health information privacy rights were violated, or the privacy rule otherwise was violated? Please be as specific as possible. (Attach additional pages as needed):

_____

_____

_____ _____

Signature Date (mm/dd/yyyy)

The remaining information on this form is optional. Failure to answer these voluntary questions will not affect DDDS decision to process your complaint.

Do you need special accommodations for DDDS to communicate with you about this complaint? (check all that apply)

☐Braille ☐Large Print ☐ TDD

☐ Sign Language Interpreter ☐Foreign Language (specify language): _____

☐Other: _____

Have you filed your complaint anywhere else? If so, please provide the following:

Person/ Agency/ Court:
Dates Filed:
Case Numbers:

Please send all complaints to: **Stockley Center**
Attention: HIPAA Privacy/Complaints Officer
26351 Patriots Way
Georgetown, DE 19947

Filing a complaint with DDDS is voluntary. However, without the information requested, DDDS may be unable to proceed with your complaint. We collect this information under authority of the Privacy Rule issued pursuant to the Health Insurance Portability and Accountability Act of 1996. We will use the information you provide to determine if we have jurisdiction and if so, how we process your complaint. Information submitted on this form is treated confidentially and is protected under the provision of the Privacy Act of 1974.