



HIPAA Complaint Form

Filing a complaint with Shiawassee Health & Wellness (SHW) is voluntary. However, without the information requested below, we may not be able to proceed with your complaint. We will use the information you provide to determine if we have jurisdiction and, if so, how we will process your complaint. Information submitted on this form is confidential and is protected under the provisions of the Privacy Act of 1974. Names or other identifying information about individuals are disclosed when it is necessary for investigation of possible health information privacy violations, for internal systems operations, or for routine uses, which include disclosure of information outside of SHW for purposes associated with health information privacy compliance and as permitted by law. It is illegal for a covered entity to intimidate, threaten, coerce, discriminate or retaliate against you for filing this complaint or for taking any other action to enforce your rights under the Privacy Rule. You are not required to use this form. You also may write a letter or submit a complaint electronically with the same information.

Name (Last, First):	Home Phone:
Street Address:	Work Phone:
City: State: Zip Code:	Email Address:

1. Are you filing a complaint on behalf of another individual? Yes No

If yes, please provide the following information:

Name (Last, First):	Home Phone:
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2. Where did the violation occur?

Facility Name:			
Street Address:	City: Code:	State:	Zip

3. Please provide the name(s) of the individual(s) you believe caused the violation. *Note: the alleged violator(s) must be a workforce member of SCCMHA including contracted providers and business associates.*

Name (Last, First):	Employer:

