

HIPAA PRIVACY COMPLAINTS

Contact Persons:

- Division of Developmental Disabilities Privacy Officer
- Refugee Resettlement Medical Assistance Program Privacy Officer
- Department of Economic Security Chief Privacy Officer

Complaints may be filed with the Division/Program Privacy Officer by using one of the following methods:

- By email to: InfoBreach@azdes.gov
- By mail to the address provided in the Notice of Privacy Practices for the relevant Program or Division
- By mail to:

Division Privacy Officer
 c/o Chief Privacy Officer
 Department of Economic Security
 1789 W. Jefferson Street
 Mail Drop 1292
 Phoenix, AZ 85005

1. If a personal representative signs this complaint on behalf of a client of the Department of Economic Security, please provide the client's name and the personal representative information on page three of this form. If you are a client of the Department of Economic Security, please provide the following information.

Name (*Last, First, M.I.*) _____ Date _____

Address (*No., Street*) _____

City _____ State _____ ZIP Code _____

Case Number _____ Email _____

Daytime Phone Number _____ Evening Phone Number _____

What is the best way to reach you? _____

What are the best hours to reach you? _____

2. Please provide a detailed description of your complaint. Please be as specific as possible (what, when, who, how, where). You may use the other side of this form if you need more room. You may also attach copies of documents that might be helpful during an investigation.

3. Were there any witnesses? If so, please provide their names, addresses and telephone numbers.

4. Please describe how you believe that your privacy complaint could be resolved.

5. Signature _____

Print Name _____

Signature _____ Date _____

If a personal representative on behalf of a client of the Department of Economic Security signs this complaint, please complete the following:

Personal Representative's Name (*Last, First, M.I.*) _____

Personal Representative's Address (*NO., Street*) _____

City _____ State _____ ZIP Code _____

Personal Representative's Phone NO. _____

What is the best way to reach you? _____

What are the best hours to reach you? _____

Relationship of Personal Representative to client:

Parent or guardian of minor child

Guardian or conservator of individual

Durable health care power of attorney

Other (*specify*) _____

The Department of Economic Security will send you a written notification when this completed form is received. If additional information is needed to investigate your complaint, that information will be requested in the notification. The Department of Economic Security will conduct a timely and impartial investigation of your complaint. Upon completion of the investigation, you will receive a written response to your complaint.

You are entitled to a copy of this complaint. Please retain a copy for your records.