

COUNTY OF NORTHUMBERLAND

FACT SHEET – COMPLAINT FORM

How to File a Health Information Complaint with the County of Northumberland

The County of Northumberland takes seriously its responsibility to protect the privacy and security of individual health information, and to ensure that such information is used appropriately in and accordance with all applicable laws and regulations. Individuals have a right to file a formal complaint if they believe that their (or someone else's) privacy rights have been violated. The County of Northumberland encourages individual's to exercise their right to file a complaint if they believe that their (or someone else's) privacy rights have been violated. *There will be no retaliation of any kind for filing a complaint.*

Complaints to the County of Northumberland must be filed in writing, and must name the individual (or agency or department) that is the subject to the complaint. Complaints should be filed within 180 days of when you knew that the alleged violation occurred. The complaint will be forwarded to the agency or department in which the believed violation occurred for resolution, if the complaint cannot be resolved on this level, the agency or department's Privacy Officer will bring the complaint to the Northumberland County Privacy Board for review.

Anyone can file a written complaint with the County of Northumberland. You can submit your complaint in any written format. We recommend that you use the County of Northumberland Complaint Form, which can be found on the County web site www.northumberlandco.org, or at any County Office, or, 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, telephone number(s).
- If you are filing the complaint on someone else's behalf, also provide the name of the person on whose behalf you are filing.
- Name of the person, agency or department you believe violated your (or someone else's) health information privacy rights or committed another violation of the Privacy Rule.
- Briefly describe what happened and why, how and when you believe the violation occurred.
- Add any other relevant information.

The Privacy Rule, developed under the Health Information Portability and Accountability Act of 1996 (HIPAA), prohibits the retaliation, in any form, against an individual who files a privacy complaint. If you feel that you have been threatened, harmed, or retaliated against in any way, contact the HIPAA Privacy Officer, County of Northumberland, at (570) 495-2212, or in writing to County of Northumberland, HIPAA Privacy Officer, Administration Center, 339 South Fifth Street, Sunbury, PA 17801.

**County of Northumberland
Complaint Form (HIPAA)
Regarding the Uses and Disclosures of Health Information**

Your Name: _____ Date: _____

Address: _____ Telephone #: _____

Are you filing this complaint for someone else? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, whose health information do you believe was violated?
This person's relationship to you?

Who (or which agency or department) do you believe has violated your (or someone else's) privacy rights, or the privacy rules: _____

When do you believe that the violation occurred? _____

Please explain the nature of you complaint. Please be as specific as possible. (Attach additional pages if necessary.)

I understand that this complaint must be filed within 180-days of when I knew of the actions or inaction that is the basis of this complaint. I understand that this complaint may be submitted to the HIPAA Privacy Officer, County of Northumberland, Administration Center, 339 South Fifth Street, Sunbury, PA 17801. I understand that if the agency or department in which I filed this complaint against does not reach resolution of this complaint, this complaint will be forwarded to the Northumberland County Privacy Board for review.

Signature

Date