

**MANITOWOC COUNTY
HEALTH INFORMATION PRIVACY COMPLAINT**

YOUR FIRST NAME		YOUR LAST NAME	
HOME PHONE (Please include area code)		WORK PHONE (Please include area code)	
STREET ADDRESS			CITY
STATE	ZIP CODE	EMAIL ADDRESS	
Who (or what department or other unit of Manitowoc County government) do you believe violated your health information privacy rights?			
PERSON/DEPARTMENT/OTHER UNIT OF MANITOWOC COUNTY GOVERNMENT			
STREET ADDRESS			CITY
STATE	ZIP CODE	PHONE (Please include area code)	
When do you believe that the violation of health information privacy rights occurred?			
LIST DATE(S):			
How and why do you believe your health information privacy rights were violated?			
DESCRIBE BRIEFLY WHAT HAPPENED? PLEASE BE AS SPECIFIC AS POSSIBLE. ATTACH ADDITIONAL PAGES AS NEEDED.			
<p>Filing a complaint is voluntary and you are not required to use this form. You also may write a letter or submit a complaint by email by providing the information requested on this form. The requested information is collected under authority of the Privacy Rule issued pursuant to the Health Insurance Portability and Accountability Act of 1996. The information you submit is confidential and is protected under State and Federal law.</p> <p>We will use the information you provide to process your complaint. You are not required to provide any of the requested information. However, we may not be able to investigate your complaint without the requested information. Names or other identifying information about individuals are disclosed when it is necessary for an investigation of possible health information privacy violations, for internal systems operations, or for routine uses, including the disclosure of information for purposes associated with health information privacy compliance and as permitted by law.</p> <p>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.</p>			
<input type="checkbox"/> CONSENT: I have read the foregoing and give permission to Manitowoc County to reveal my identity or other information about me to relevant persons, agencies, or entities as necessary to conduct its investigation of my complaint.		<input type="checkbox"/> CONSENT DENIED: I have read the foregoing and do not give permission to Manitowoc County to reveal my identity or other information about me. I understand that this denial may impede the investigation of my complaint and may result in closure of the investigation.	
SIGNATURE			DATE (MM/DD/YYYY)

RETURN COMPLETED FORM TO: PRIVACY OFFICER
 MANITOWOC COUNTY CORPORATION COUNSEL
 1010 SOUTH 8TH STREET, ROOM 308
 MANITOWOC, WI 54220