

THE UNIVERSITY OF NORTH CAROLINA AT CHAPEL HILL

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**HIPAA COMPLAINT FORM FOR PROTECTED HEALTH INFORMATION (PHI)**

You may use this form to file a HIPAA complaint. This form is for the submission of complaints regarding any covered University unit’s activity that you believe may not be compliant with the HIPAA privacy or breach notification rules. Please note, contact information by the person submitting the complaint is used for the sole purpose of providing a response to the complaint after an investigation has been conducted. Mail this Complaint Form to:

University HIPAA Privacy Officer

UNC-Chapel Hill, Information Technology Services, 440 W. Franklin St., CB #1150,

Chapel Hill, NC 27599

Additional copies of this form may be printed from the University HIPAA web site at [privacy.unc.edu](https://privacy.unc.edu/)

All submissions need to be mailed, in hard-copy form, as directed above.

**SECTION A: COMPLAINANT CONTACT INFORMATION (person or entity filing the complaint)**

NOTE: You may file an anonymous complaint by NOT completing this section.

Please print:

First Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Middle Initial:\_\_\_\_\_\_ Last Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Title/Organization (if applicable): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Street Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State: \_\_\_\_\_\_\_\_\_\_ ZIP Code: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Telephone:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of person completing form:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Campus Address, phone and email, if you are a member of the University’s workforce and completing this form on an individual’s behalf:

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**SECTION B: SPECIFIC COMPLAINT INFORMATION (use additional sheets if necessary)**

Name of University Unit (if known):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name(s) of any known Unit Contact Persons: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of individual whose privacy rights may have been compromised (if applicable):

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Nature of perceived violation:

Public display of protected health information “PHI” data/files

Non-confidential communication of PHI in public manner or place

Electronic communication or transfer of PHI data to unauthorized audience

Excessively broad usage/knowledge of PHI among the unit’s workforce

Mishandling or unauthorized destruction of PHI

Misuse or unauthorized disclosure of PHI

Other

Protected Health Information, “PHI”, is information, including demographic data, which is created by or received by a health care provider, health plan, employer, or health care clearinghouse; and relates to the past, present, or future physical or mental health or condition of an individual.

Description of Complaint (including dates):

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The University will respond to this complaint within 60 calendar days of its receipt, provided adequate contact information has been provided. If an extension is required, the University will contact you in advance of the 60 day response deadline. The University will mitigate, to the extent practicable, any harmful effect that is known of a use or disclosure of PHI in violation of its policies and procedures or the HIPAA privacy requirements by the University or its Business Associates.