



HIPAA Privacy Complaint Form

This complaint form concerns protected health information maintained by Vecino Health Centers.

Patient Name: _____ Date of birth: _____
Street Address: _____ Suite/Apt. #: _____
City: _____ State/Zip Code: _____
Phone Number: _____

Who do you believe violated your (or someone else's) health information privacy rights or committed another violation of the Privacy Rule?

Workforce Member or Department Name: _____

Date of violation: _____

What right was violated?

- Access to Records Request Denied
- Confidential Communications Request Denied
- Accounting of Disclosures Request Denied
- Other
- Amendment of Health Request Denied
- Restriction of Use and Disclosures Request Denied
- Breach of Confidentiality

Describe the privacy violation: (Required; Attach additional pages if necessary)

Signature

Date

Name or Legal Representative's Name (please print)

Relationship of Representative to Patient

You have the right to file a privacy complaint to our Privacy Officer, Texas Health and Human Services, and/or the US Department of Health and Human Services, Office of Civil Rights. You will not be penalized for filing a complaint.

Mail or fax completed forms to:

Privacy Officer
Vecino Health Centers
5808 Airline Drive
Houston, TX 77076
Fax: 713-695-6929

Texas Health and Human Services

<https://www.hhs.texas.gov/regulations/legal-information/hipaa-privacy-laws/reporting-a-privacy-incident>

US Department of Health and Human Services

Health and Human Services Region 6
1301 Young Street
Dallas, Texas 75202
Phone number 214-767-3301
Fax number 214-767-3617
Email at: OCRComplaint@hhs.gov.
Or visit <https://www.hhs.gov/hipaa/filing-a-complaint/index.html>