

PRIVACY RIGHTS COMPLAINT FORM

Any person has the right to file a complaint if the person believes that an APNS Practitioner or staff member has not adequately or appropriately protected the Protected Health Information entrusted to APNS or ensured patient rights under HIPAA with respect to his/her Protected Health Information.

To file a complaint, please complete this form and return it to the Office Manager in person or at the address listed below. The request applies only to Practitioner or staff member you list in the complaint. If more than one individual is the subject of the complaint, a separate complaint must be filed for each individual.

You may also file a complaint with the US Department of Health and Human Services through the HIPAA Compliance Division at <https://www.hhs.gov/hipaa/filing-a-complaint/index.html>.

The U.S. Department of Health and Human Services (HHS) Office for Civil Rights (OCR), enforces federal civil rights laws, conscience and religious freedom laws, the Health Insurance Portability and Accountability Act (HIPAA) Privacy, Security, and Breach Notification Rules, and the Patient Safety Act and Rule, which together protect your fundamental rights of nondiscrimination, conscience, religious freedom, and health information privacy at covered entities.

1. **Federal Civil Rights Laws** help to protect you from unfair treatment or discrimination because of your race, color, national origin, disability, age, or sex.
2. **Federal Conscience and Religious Freedom Laws** help to protect you from coercion, discrimination on the basis of conscience or religion, and burdens on the free exercise of religion.

If you believe that a covered entity discriminated against you or violated your (or someone else's) civil rights, conscience rights, or religious freedom rights, you may file a complaint with OCR. You may file a complaint for yourself, your organization, or for someone else.

The following are some examples of potential covered entities (including institutions and personnel) that must abide by federal civil rights, conscience, and religious freedom laws: State and local government agencies that are responsible for administering health care State and local government income assistance and human service agencies.

The HIPAA Privacy Rule is a federal law that gives you rights over your health information and sets rules and limits on who can look at and receive your health information. The Privacy Rule applies to all forms of individuals' protected health information, whether electronic, written, or oral. The **HIPAA Security Rule** is a federal law that requires security for health information in electronic form.

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In addition, the **Patient Safety Act and Rule** establishes a voluntary reporting system to enhance the data available to assess and resolve patient safety and health care quality issues, and provides confidentiality protections for patient safety concerns.

If you believe that a covered entity violated your (or someone else's) health information privacy rights or committed another violation under the HIPAA Privacy, Security, and Breach Notification Rules or the Patient Safety Act and Rule, you may file a complaint with OCR.

The following are some examples of covered entities that must meet the requirements of the federal Privacy, Security and Breach Notification Rules:

- Health Plans
- Healthcare clearinghouses
- Healthcare providers that conduct a portion of their business electronically using a HIPAA covered transaction.

OCR can investigate complaints against covered entities and their business associates. You may file a complaint for yourself, your organization, or for someone else.

Patient Name: _____ Date of Birth: _____

Name of Person Filing Complaint (if other than the patient): _____

Contact Phone: _____ Email: _____

Address: _____

Name and position of Staff Member who is the subject of the complaint:

Subject of Complaint: _____

Description of Privacy Concern:

Advanced Practice
Nursing Specialists, LLC
9205 W Russell Rd Suite 305
Las Vegas, NV 89148

info@apnshealth.com
www.apnshealth.com

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Signature

Date

For Office Use Only

Date of Receipt of Complaint: _____

Action Taken:

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