OMES recognizes that an individual who believes that his or her privacy rights have been violated with respect to protected health information has the right to complain without fear of retaliation. If you believe that your privacy rights or the privacy rights of another have been violated by OMES, you may file a complaint in writing with OMES or with the Office for Civil Rights.

You may submit your complaint to:
OMES HIPAA Privacy Officer
2401 N. Lincoln Blvd., Ste. 300
Oklahoma City, OK 73105

1. Your information

Member ID: _____

First name: _____ Last name: _____

Address: _____ City: _____ ZIP code: _____

Phone number: _____

Email address: _____

Best way to reach you: _____

Best hours to reach you: _____

If we cannot reach you, is there someone else we may contact?

☐ Yes ☐ No

If you answered **Yes**, please enter the person's name and contact information: _____

_____

Do you need any special accommodations for us to communicate with you about this complaint?

☐ Yes ☐ No

If you answered **Yes**, please describe the accommodations needed: _____

_____

2. Consent to disclose your name

Please indicate your consent below:

☐ I consent to my name being disclosed to investigate this complaint. (OMES will not divulge information about you in our investigation within the limits allowed in law.)

☐ I do not consent to my name being disclosed. I understand that not using my name may hinder OMES' ability to complete the investigation.

3. Information about your complaint

Name of the OMES employee and/or OMES division your complaint is against: _____

Date you first noticed action or believe that a violation of health information privacy rights occurred. Please include a specific date, or if that date is not available, an approximate date. The date should be in the format MM/DD/YYYY.

_____

Are you filling out this complaint for someone else?

☐ Yes   ☐ No

If you answered **Yes**, whose health information privacy rights do you believe were violated? Provide the person's first and last name.

_____

4. Details of the complaint

Please indicate your complaint below:

☐ The organization/person has inappropriately disclosed my personal health information.
☐ The organization/person has inappropriately used my personal health information.
☐ The organization/person has inappropriately disposed of my personal health information.
☐ The organization/person has denied access to my personal health information.
☐ The organization/person has denied my amendment to my personal health information.
☐ The organization's privacy policies and procedures violate HIPAA requirements.

Please provide a detailed description of your complaint covering what, when, who, how, where, and if you know, why regarding what happened.

_____

_____

_____

_____

_____

_____

_____

Do you have witnesses?

☐ Yes   ☐ No

If you answered **Yes**, please provide the names, addresses and telephone numbers (one individual per line) of your witnesses below:

_____

_____

_____

_____

Have you filed this complaint with another agency/someone else**?**

☐ Yes   ☐ No

If you answered **Yes**, please indicate with whom you filed:

_____

_____

_____

5. Resolution of your complaint

Please describe how your privacy complaint could be resolved:

_____

_____

_____

_____

_____

Filing a complaint with OMES is voluntary. Without the information provided above, the privacy officer may be unable to proceed with your complaint. We collect this information under the authority of the Privacy Rule issued pursuant to the Health Insurance Portability and Accountability Act of 1996. We will use this information to determine if we have jurisdiction and, if so, how we will process your complaint. Information submitted on this form will be treated confidentially. Any information provided may be disclosed to the U.S. Department of Health and Human Services or to other state and federal agencies as required by law.

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. You are not required to use this form. You may also write a letter or submit a complaint electronically with the same information. Complaints must be filed within 180 days of when you knew the act occurred.

Signature:_____   Date: _____