

Privacy Complaint Form

I, _____ hereby register this privacy-related complaint to the Arkansas Immunization Information System at the Arkansas Department of Health. Under federal law 104-191, also known as HIPAA, I am entitled to register such a complaint in writing to my health care provider.

Policies and Limitations on Privacy-related Complaints

We value your trust and confidence in us as your healthcare provider. Therefore we ask that you file a Complaint directly with us first, and give us the opportunity to resolve the issue or problem promptly. We will investigate and act on your Complaint promptly.

- Federal law also gives you the right to file a privacy complaint with the Secretary of the US Department of Health and Human Services (DHHS) in Washington, DC. You may file such a complaint in writing via email or the Internet.
- Under federal law and our own policies, there will be no retaliation against you for filing a complaint
- To be valid, complaints must be filed within 180 days of when the privacy-related violation occurred. Only the Secretary of the US Department of Health and Human Services can waive this time requirement.

Please describe your complaint below, or attach a separate page(s) to describe your complaint:

Arkansas Immunization Information System

Patient Name: _____

Address: _____

Telephone: _____

Email: _____

Signature of Patient or Personal Representative

Name of Patient or Personal Representative

Date

Description of Personal Representative's Authority