

**HIPAA PRIVACY VIOLATION COMPLAINT FORM**

**Clark County**

**Name** **Date of Birth**  
**Address** **Phone** **E-mail address**  
**County employee: Yes No**

You have the right under federal law to complain if you believe your protected health information has been violated by a Clark County Department or Business Associate. The County [Privacy Notification Policy](#) ([Link to Services/Certificates & Health/Privacy.html](#)) outlines when we can and cannot release health information with and without approval.

You may use this complaint form **or** you may contact the Privacy Officer directly ([alf.langland@clark.wa.gov](mailto:alf.langland@clark.wa.gov) or phone: 360-397-2115) to file a complaint. You will not be retaliated against for filing a complaint. You may also file a complaint with the U.S. Secretary of Health and Human Services (<http://www.hhs.gov/ocr/privacyhowtofile.htm>).

Describe the alleged violation and include the date, time, county department, nature of health information, and persons involved. Attach additional page, if necessary

The County **Privacy Officer** will investigate your complaint and, normally, respond within 30 calendar days or less. A copy of this complaint will be kept on file with the Privacy Officer.

**THE FOLLOWING WILL BE COMPLETED  
BY THE PRIVACY OFFICER**

Complaint received (date) Investigation completed (date)

Findings:

Action:

Copy will be sent to relevant department HIPAA contact

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Date Privacy Officer