



**COUNTY OF SAN LUIS OBISPO HEALTH AGENCY**  
**BEHAVIORAL HEALTH DEPARTMENT**

**Nicholas Drews**, *Health Agency Director*

**Star Graber**, *Behavioral Health Director*

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## **How to File a Privacy Complaint with the San Luis Obispo County Health Agency**

### **Fact Sheet**

Background – What is HIPAA? A federal standard for protecting privacy of individually identifiable health information has been established by Congress. This privacy standard is known as the Health Insurance Portability and Accountability Act, or HIPAA. More information on HIPAA and the Privacy Rule can be found at the Office of Civil Rights website, [www.hhs.gov/ocr](http://www.hhs.gov/ocr).

HIPAA regulates health plans and any health care provider who conducts certain health care transactions electronically. Most San Luis Obispo County Health Agency programs are included in the HIPAA definitions as a Covered Entity. The HIPAA Privacy Rule allows you to make a complaint regarding violation of your privacy rights by a Covered Entity. If you believe that a person, an agency, or program covered under HIPAA violated your or someone else's health information privacy rights, or committed another violation of the Privacy Rule, you may file a complaint with the San Luis Obispo County Privacy Officer. The Privacy Officer may receive and investigate complaints against County programs which must comply with the Privacy Rule.

Your complaint must: (1) be filed in writing, either on paper or electronically; (2) name the entity (person, program or agency) that is the subject of the complaint; (3) describe the acts or omissions believed to be in violation of the applicable requirements of the Privacy Rule; and (4) be filed within 180 days of when you knew that the act or omission complained of occurred.

Complaints – General Information Anyone can file written complaints with the Privacy Officer by mail, fax, or email. If you need help filing a complaint or if you have a question about the complaint form, please call (805) 781-4788. Complaints should be sent to the attention of the San Luis Obispo County Privacy Officer at the address listed below.

You can submit your complaint in any written format. However, we recommend that you use the County Health Information Privacy Complaint Form. You may also call the Privacy Officer at (805) 781-4788 and have a copy mailed to you. If you do not use the electronic complaint form, please include the following information in any complaint correspondence:

Your name, full address, best telephone number, email address.

If you are filing a complaint on someone's behalf, also provide the name of the person on whose behalf you are filing.

Name, full address and phone of the person, agency or organization you believe violated your (or someone else's) health information privacy rights or committed another violation of the Privacy Rule.

*Revised July 2024*

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*The Health Agency complies with Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, sex or any other protected class*

**County of San Luis Obispo Health Agency**

2180 Johnson Avenue | San Luis Obispo, CA 93401 | (P) 805-781-4719 | (F) 805-781-1273

[slobehavioralhealth.org](http://slobehavioralhealth.org)



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Briefly describe what happened. How, why, and when do you believe your (or someone else's) health information privacy rights were violated, or the Privacy Rule was otherwise violated?

Any other relevant information, such as, have you filed your complaint somewhere else?

Please sign your name and date your letter.

HIPAA prohibits the alleged violating party from taking retaliatory action against anyone for filing a complaint. You should notify the Privacy Officer immediately if you believe you or anyone else is the victim of any retaliatory action.

Please keep a copy of the complaint you submit for your records.

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Health and Medical Information

HIPAA Privacy

Complaint Filing Form

For Office Use Only

Date Received

File Number

The information you provide here will remain confidential to the extent possible. However, we may need to divulge information to investigate your claim. Anyone may file a complaint. Members of the workforce may use this form to report violations of HIPAA by others in the workforce.

You may submit your complaint to:

HIPAA Privacy Officer
2180 Johnson Ave, San Luis Obispo, CA 93401
HA.Compliance@co.slo.ca.us

If you have questions about this form, please contact the Privacy Officer at (805) 781-4788

1. Your Information

Last Name First Name Middle Initial

Address

City/State Zip Code

Email Address Best Phone Number

Preferred Method of Contact Best Hours to Reach You

EMPLOYEES ONLY - EMPLOYEES MAY FILE COMPLAINTS ANONYMOUSLY:

Unit Title Supervisor's Name

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**2. Consent to Disclose Your Name**

Please select one of the following:

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

I do not consent to my name being disclosed. Not disclosing your name may hinder our ability to complete the investigation.

**3. Information About Your Complaint**

Name of the Organization your complaint is against:

Name of the Person your complaint is against:

Date of First Action or Violation of Health Information Privacy Rights:

Additional Date(s) the Action(s) Occurred:

Are you filing this complaint against someone else?                      Yes                      No

If yes, whose health information privacy rights do you believe were violated?

Details of the Complaint:

I have reason to believe that one or more of the following has occurred:

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 me 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.

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Please provide a detailed description of your complaint, covering the details (*what, where, when, who, how*, and if you know, *why*) about what happened. You may attach additional pages if there is not enough space here. Please be specific about the time and date of the incident, if applicable.

Do you have any witnesses?

Yes

No

If yes, please provide the names, addresses, and telephone numbers of your witness(es) below.

Witness Name

Address

Telephone

Witness Name

Address

Telephone

#### **4. Resolution of Your Complaint**

Please describe how your privacy complaint could be resolved:

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5. Your Signature (Please print and sign prior to sending it to us).

Signature \_\_\_\_\_

You have a right to receive a copy of this form.

Acknowledgment of receipt \_\_\_\_\_ (initials)

Filing a complaint with the San Luis Obispo County HIPAA Privacy Officer is voluntary; however, without the information requested above, the HIPAA Privacy Officer may be unable to proceed with your complaint. We collect this information under authority of the Privacy Rule issued pursuant to the Health Insurance Portability and Accountability Act of 1996. We will use the information you provide to determine if we have jurisdiction and, if so, how we will process your complaint. Information submitted on this form is treated confidentially. Names or other identifying information about individuals are disclosed when it is necessary for investigation of possible health information privacy violations, for internal systems operations, or for routine uses, which include disclosure of information outside the Privacy Office for purposes associated with health information privacy compliance and as permitted 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 also may write a letter or submit a complaint electronically with the same information.

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