



PennState

**Penn State Privacy Office
Health Information Privacy Complaint**

Your First Name		Your Last Name
Home Phone ()		Work or Alternate Phone ()
Street Address		City
State	Zip Code	E-Mail Address
<p>Are you filing this complaint for someone else? YES _____ NO _____ If yes, whose health information privacy rights do you believe were violated?</p> <p>First Name _____ Last Name _____</p>		
<p>Who at Penn State do you believe violated your (or someone else's) health information privacy rights or committed another violation of the Federal Privacy Rule?</p> <p>Person and/or Department Name: _____</p> <p>Campus _____</p>		
<p>When do you believe that the violation of health information privacy rights occurred?</p> <p>List date(s) _____</p>		
<p>Describe briefly what happened. How and why do you believe your (or someone else's) health information privacy rights were violated, or the privacy rule otherwise was violated? Please be as specific as possible. (Attach additional pages as needed.)</p>		
<p>Please sign and date this complaint.</p> <p>Signature _____ Date _____</p>		

**Please mail this form to: Penn State HIPAA Privacy Officer
Penn State Privacy Office
212-S Rider Building
227 W. Beaver Avenue
300 Science Park Road
State College, PA 16801**