

Centers for Medicare & Medicaid Services (CMS) Office of HIPAA Standards (OHS)



HIPAA Non-Privacy Complaint Form

IMPORTANT: This form cannot be used for HIPAA Privacy complaints. Please direct privacy complaints to the Office for Civil Rights at 1-866-368-1019 or visit their website: www.hhs.gov/ocr/hipaa

If you have any questions about this form or the HIPAA Non-Privacy complaint process, contact OHS at: 1(866) 282-0659 or TTY 1(877) 386-1166							
Please provide your cont	tact information: (All fi	elds required.)					
YOUR NAME (First and Last)	(ANIZATION NAME				
STREET ADDRESS		TELEPHONE NUMBI					
CITY/TOWN	COUNTY	STATE	ZII				
Who (or what agency/or provider) are you filing to			alth plan, or co	vered health care			
ORGANIZATION NAME	uns compianit against:	CONTACT NAME					
STREET ADDRESS		TELEPHONE NUMB	ER				
CITY/TOWN	COUNTY	STATE	ZII	P			
When did this alleged view	olation occur? mm/dd/yyy	yy (Required field.)					
	D	9.72	~ .				
Identify the HIPAA Non per complaint submission. C							
Transactions and		Unique Identifiers		Security Standards			
Describe, in detail, the all any additional documents (e.g.		red field.) You may attach ac		eeded. Please enclose copies of			
Please Print or Type.							
Please sign and date this co SIGNATURE:	omplaint. (Required field.)	DATE:				

Filing a complaint with CMS is voluntary. However, without the information requested on the complaint form, CMS may be unable to proceed with a complaint. CMS collects this information under authority of 68 FR 60694 (October 23, 2003) issued pursuant to the HIPAA. CMS will use the information provided to determine if CMS has jurisdiction and, if so, how CMS will process the complaint. Information submitted on the complaint form is treated confidentially and is protected under the provisions of the Privacy Act of 1974. Names or other identifying information about individuals are disclosed only when it is necessary for investigation of possible HIPAA A.S. Non-Privacy violations, for internal systems operations, or for routine uses, which include disclosure of information outside the Department for purposes associated with HIPAA A.S. Non-Privacy compliance and as permitted by law. To submit an electronic complaint, go to our web site at: http://htct.hhs.gov



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IMPORTANT: The information requested in the remainder of this form is optional. However, any additional information you provide will assist OHS in the enforcement process.							
OPTIONAL INFORMATION							
Have you filed this complaint with another agency? If so, please provide us with the following:							
Agency Name:	Agency Contact Person:						
Date the Complaint was Filed:	Contact Number:						
Complaint Identification Number:							
Please provide OHS with more detail about this com	plaint.						
 Please describe yourself. Health Plan Covered Health Care Provider (See examples on the right) Health Care Clearinghouse Patient or representative of the patient Other: 	Examples of Covered Health Care Providers: Ambulance Service Comprehensive Outpatient Rehabilitation Facility Durable Medical Equipment Service Home Health Agency Hospice Program Hospital / Critical Access Hospital Non-Physician Practitioners						
 2. Who are you filing this complaint against? Health Plan Covered Health Care Provider (See examples on the right) Health Care Clearinghouse 	Outpatient Physical or Occupational Therapy Physician Rural Health Clinics and Federally Qualified Health Centers Skilled Nursing Facility						
3. Have you attempted to resolve the dispute?☐ YES☐ NO							
For a Transactions and Code Sets Complaint (C	heck the appropriate box.)						
Non-Compliant Transaction Received - You received a	non-compliant HIPAA transaction from a covered entity.						
Compliant Transaction Sent and Rejected - A covered	entity rejected your compliant HIPAA transaction.						
Invalid Companion Guide - A covered entity that you send data to or receive data from requires uses of a non-compliant companion guide. For example, a companion guide must not specify additional fields beyond those specified by HIPAA.							
Code Set Received or Sent and Rejected: - Either or both of these examples may apply: (1) A covered entity sent you a non-compliant HIPAA code within an electronic transaction. (2) A covered entity rejected a compliant HIPAA code that you sent within an electronic transaction.							
Other - You have another type of complaint against a covered entity.							
Disclosure Statement: According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 938-0948 . The time required to complete this information collection is estimated to average 1 hour per response, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have comments, concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: CMS, 7500 Security Boulevard, Attn: PRA Reports Clearance Officer, Baltimore, Maryland 21244-1850.							



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OPTIONAL INFORMATION										
For a Transactions and Code Sets Complaint (Check the appropriate box.)										
1. Check the appropriate transaction(s) discussed in your complaint. Note: If your complaint involves a transaction(s) that is not listed, you may not have a valid transaction complaint.										
	☐ 270 Eligibility, Coverage or ☐ 837 Health Benefit Inquiry		□ 837 Health Care	ealth Care Claim: Dental		835 Health Care Claim Payment/Advice				
	☐ 271 Eligibility, Coverage or Benefit Information ☐ 837 Health Care Professional		Claim –		820 Payment Order/Remittance Advice					
	☐ 276 Health Care Claim Status Request ☐ 837 Health Care Claim Status		Clai	m:	278 Health Care Services Review - Request for Review					
		□ 277 Health Care Claim Status Notification □ 834 Benefit Enro Maintenance		llme	ent and	278 Health Care Services Review - Response to Request for Review				
		NCPDP Retail Pharmacy Transactions	☐ I don't know			101 Review				
2. Check the appropriate code set(s) discussed in your complaid ☐ International Classification of Diseases, 9 th Edition, Clinical Modification (ICD-9-CM)				Healthcare Common Procedure Coding System (HCPCS)						
	☐ Common Procedure Terminology (CPT)			National Drug Cod	National Drug Code (NDC)					
☐ Codes on Dental Procedures and Nomenclature - Current Dental Terminology (CDT)				Other:						
		Security Complaint (Ch								
			information was wrongfully			that the action you are				
	_	•	ed the health information Pri	vacy	y Ruie?					
	YES	5								
Mail completed forms to: Centers for Medicare & Medicaid Services										
Mail completed forms to: Centers for Medicare & Medicaid Services HIPAA TCS Enforcement Activities										
P.O. Box 8030										
Baltimore, Maryland 21244-8030										
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