



STATE OF LOUISIANA
DIVISION OF ADMINISTRATION
OFFICE OF GROUP BENEFITS



PRIVACY COMPLAINT

This complaint should be directed to the OGB HIPAA Compliance Director for investigation and follow-up.

This will serve as a complaint notice pertaining to violation of the HIPAA Privacy Rule, or Louisiana state law that preempts HIPAA, and/or the OGB privacy policies and procedures.

Complainant name: _____

Date of Birth: _____

Member ID number: _____

Date of Complaint: _____

Date of Incident: _____

Nature of Complaint: _____

Attach copies of all supporting documentation and provide all names, addresses and telephone numbers that might apply to this complaint.

Signature of Complainant or Representative _____ Date _____

Address: _____

Telephone: _____ (primary number) _____ (alternate number)

Complaints should be submitted to:

Secretary of the Department of Health and Human Services
U.S. Department of Health and Human Services
200 Independence Avenue, S.W.
Washington, D.C. 20201