

**STATE OF LOUISIANA, 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:** _____

Health Plan 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.

Signed: _____ Date: _____
Complainant or Representative

Address: _____ Telephone: _____

**Complaints may also 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**