COLORADO
Department of Health Care Policy & Financing

COMPLAINTS ABOUT HEALTH INFORMATION DISCLOSURES

Return Completed Form by fax or mail to:
Privacy Office
Colorado Department of Health Care Policy and Financing
303 E. 17th Avenue, Denver, CO 80203 Fax: (303) 866-4411
*** Please include copy of your Medicaid ID card and Driver's License, or equivalents ***

The Health Insurance Portability and Accountability Act of 1996 requires that we protect the privacy of your protected health information. You have a right to complain, in writing, about situations in which you believe we, or other organizations that work for us, have not met our responsibility to safeguard your protected health information. The Colorado Department of Health Care Policy and Financing cannot take away your benefits or retaliate against you in any way because of this complaint. Please give us as much detail as you can so we can investigate this event and make sure we improve the way we protect the health information of all of our clients. The Department is not required to respond to or take action on every complaint. See the Department's Privacy Policy and Procedures on *Right to File Complaint,* pursuant to 45 C.F.R. 164.530 (d).

CONTACT INFORMATION

Name: _____

State ID number:_____Date of Birth _____

Address: _____

City, State, Zip:_____Phone: _____

Signature:_____ Date:_____
Parent or Legal Guardian may sign on behalf of minor child.
Legal Guardian, Power of Attorney, or equivalent may sign on behalf of adult. Documentation is required.

If signing on behalf of another person, please fill out below:

Name of Designated Personal Representative: _____

Relationship of Designated Personal Representative: _____

DETAILS OF COMPLAINT (Please be as specific as possible with dates, times, and any specific policy, procedure, or action taken; include names and documentation, if any, of anyone at the Department of Health Care Policy and Financing with whom you have talked to about this.)

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You may also file a Complaint with the U.S. Department of Health and Human Services (HHS) Office for Civil Rights (OCR) by writing:
Centralized Case Management Operations
U.S. Department of Health and Human Services
200 Independence Avenue, S.W.
Room 509F HHH Bldg.
Washington, D.C. 20201
Email to OCRComplaint@hhs.gov