COMPLAINTS ABOUT HEALTH INFORMATION DISCLOSURES

Mail To: Privacy Officer, Colorado Department of Health Care Policy and Financing 1570 Grant Street, Denver, CO 80203

*** 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:behalf of minor child. equivalent may sign on behalf of adult. Documentation is required.
If signing on behalf of another p	erson, please fill out below:
Name of Designated Personal F	Representative:
Relationship of Designated Pers	sonal Representative:
policy, procedure, or action take	ase be as specific as possible with dates, times, and any specific in; include names and documentation, if any, of anyone at the cy and Financing with whom you have talked to about this.)

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You may also file a Complaint with the Secretary of United States Health and Human Services by writing:		
Secretary of U.S. Department of Health and Huma Office of Civil Rights 200 Independence Ave., S.W. Washington, DC 20201	n Services	
FOR INTERNAL USE ONLY		
Date received:	Date reviewed:	
Reviewed by:	Title:	
Reviewer's comments and actions:		