|  |  |
| --- | --- |
|  | **The University of Oklahoma** |

**HIPAA**

**Privacy Complaint Report**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Reported by: |  | | Date: |  |
| Contact Information: |  | | | |
|  |  | | | |
| Email Address: |  | Telephone Number: | |  |

|  |
| --- |
| **Statement of Complaint:** |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
| **Date of Occurrence:** |
| **Clinic/Office of Occurrence:** |

**Individuals filing a complaint may submit this form to any clinic or to the University Privacy Official: email:** [**OU Compliance@ouhsc.edu**](mailto:OU%20Compliance@ouhsc.edu)**; fax: (405) 271-5545**

**or mail to: University of Oklahoma Health Sciences Center, P O Box 26901, Oklahoma City, OK 73190**

**Patients may also contact the Secretary of Health and Human Services Office of Civil Rights – DHHS, 1301 Young Street, Suite 1169, Dallas TX, 75202, (214) 767-4066; (214) 767-8940 TDD.**

**(Complaints should be entered into the University’s online HIPAA complaint system, in accordance with each Department’s/Office’s procedures.)**