



EMS

Issued: 04/28/2020
Revised: 11/01/2024
Reviewed: 10/10/2024

SOG 400.0.00

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Privacy Policies and Procedures

Complaint Form to Secretary of Health & Human Services

FORM #8

Complainant Name & address: _____

Terrell Fire Department

Description of the subject of the complaint

Check one of the following:

- ☐ Terrell Fire Department used or disclosed protected health information to entities other than those permitted or required by HIPAA regulations.
- ☐ Terrell Fire Department knew of a pattern of activity or practice of the business associate that constituted a material breach or violation of the business associate's obligation under the contract or other arrangement and did not take reasonable steps to cure this breach or end the violation.
- ☐ Terrell Fire Department is a hybrid entity and did not ensure that a health care component of the entity complied with applicable requirements, such as disclosure of protected health information to other entities that would be prohibited from having this information if the health care component and the other component were separate and distinct legal entities.
- ☐ Terrell Fire Department did not obtain the individual's consent prior to using or disclosing protected health information to carry out treatment, payment, or health care operations.
- ☐ Terrell Fire Department did not obtain authorization for any use or disclosure of psychotherapy notes (exception – to carry out treatment, payment or health care operations consistent with consent requirements).
- ☐ Terrell Fire Department did not inform in advance of the use or disclosure of protected health information and did not allow opportunity to orally agree or prohibit or restrict disclosure.

Describe the acts or omissions believed to be in violation of the applicable requirements, standards, and implementation specifications of HIPAA regulations. Include dates in description.

Signature of complainant _____ Date _____

Note: No retaliatory action can be filed against complainant for filing this complaint.

I understand that I have the right to file a complaint with the Secretary of Health and Human Services within 180 days of when that I knew or should have known that the act or omission complained of occurred, unless this time limit is waived by the Secretary for good cause shown.

Form #8 (Complaint form to Secretary of DH&HS)