

**HIPAA
Privacy Complaint Report**

Reported by: _____ Date: _____

Contact Information: _____

Email Address: _____ Telephone Number: _____

Statement of Complaint:

Date of Occurrence:

Location of Occurrence:

Individuals filing a complaint may submit this form to the Employee Health Plan or to the University Privacy Official by email: OUCompliance@ouhsc.edu; fax: (405) 271-5545; or mail to: University of Oklahoma Privacy Official, P O Box 26901, Oklahoma City, OK 73190.

Individuals 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.