

## HIPAA COMPLAINT PROCESS AND FORM City of Henderson, Nevada (“COH” or “City”)

If you believe COH violated your (or someone else’s) health information privacy rights or committed another violation of the HIPAA Privacy, Security, or Breach Notification Rules (“HIPAA Rules”), you may file a complaint with the United States Department of Health and Human Services (“DHHS”) by mail, fax, email, or via the OCR Complaint Portal. For more information, you can visit their website at <https://www.hhs.gov/hipaa/filing-a-complaint/index.html> (webpage location as of 7/30/2024).

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You may also file a complaint with the City (a) about the City’s HIPAA policies and procedures, (b) about the City’s compliance with the HIPAA Rules or the City’s HIPAA policies and procedures, or (c) if you believe the City violated health information privacy rights under HIPAA. Please fill out, sign, and submit the form below. You are not required to use this form and may write a letter or submit a complaint electronically to the City with the same information. Submitting a complaint is voluntary.

Please submit your complaint to the City’s HIPAA Privacy Officer at the following address:

City of Henderson  
Henderson City Hall  
Attn: HIPAA Privacy Officer  
240 Water Street, MSC 143  
Henderson, NV 89015  
Email: [HIPAAprivacy@cityofhenderson.com](mailto:HIPAAprivacy@cityofhenderson.com)

*(Please remember that communication by unencrypted email presents a risk that personally identifiable information contained in such an email may be intercepted by unauthorized third parties.)*

If you have a question about the complaint form or need help submitting your complaint to the City, please call (702) 267-HIPA (4472).

The information you provide will remain confidential to the extent possible. However, the City might need to divulge information to investigate your complaint.

Under HIPAA, it is illegal for the City to intimidate, threaten, coerce, discriminate, or retaliate against a person for exercising their rights or participating in any process established by the HIPAA Rules, such as filing a complaint with DHHS or the City.

*[FORM CONTINUES ON PAGE THAT FOLLOWS]*

**CITY OF HENDERSON, NEVADA ("CITY")  
HIPAA COMPLAINT FORM**

**Name of Person Submitting Complaint:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Contact Phone #:** \_\_\_\_\_ **Email Address:** \_\_\_\_\_

**Best Way to Reach You:** \_\_\_\_\_ **Best Hours to Reach You:** \_\_\_\_\_

*Check any of the following that apply:*

- Inappropriate use of protected health information ("PHI")**     **Inappropriate disclosure of PHI**
- Inappropriate disposal of PHI**     **Improper denial of access to or amendment of PHI**
- A City policy and/or procedure violates HIPAA**     **Other**

*Describe what happened and how you became aware of it (who, what, where, when, why, how), attach or describe any documents that support your complaint, provide other information you feel is relevant to your complaint, and describe how your complaint could be resolved:* \_\_\_\_\_

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*Does anybody else have knowledge of the incident(s)? Check one of the following:*     No     Yes

*If yes, provide each person's name, address, and contact phone number below:*

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*Check one of the following:*

- I consent to my name being disclosed to investigate this complaint and understand the City will not divulge information about me in their investigation to the extent permitted by law.**
- I do not consent to my name being disclosed and understand that not using my name might hinder the City's to investigate my complaint or complete their investigation.**

**Signature of Person Submitting Complaint:** \_\_\_\_\_ **Date:** \_\_\_\_\_

*Additional pages may be attached if more space is needed. Please keep a copy of the complaint you submit for your records.*