IOWA Health and Human Services

HIPAA Complaint

Federal law* requires the Iowa Department of Health and Human Services (Department), both as an agency providing a health plan (Medicaid and Hawki) and as a health care provider (Department facilities), to comply with standards to protect the security and privacy of protected health information. "Protected health information" is information that communicates a person's medical condition – past, present, or future.

You may file a complaint with the Department if you believe that:

- The Department is not following its privacy policies and procedures, or
- The Department's privacy practices do not agree with the federal law and regulations.

To file a complaint, you may do one of the following:

- Complete this form or write a letter stating your complaint and email or mail it to:
  Data Strategy, Privacy and Open Records
  Attn: HIPAA Privacy Officer
  Iowa Department of Health and Human Services
  321 E. 12th Street
  Des Moines, Iowa 50319-0114

  Email: hipaa@dhs.state.ia.us

You will receive a response within 30 days.

You may also file a complaint with the Office for Civil Rights

- Region V, Office for Civil Rights
  U.S. Department of Health and Human Services
  233 N. Michigan Avenue, Suite 240
  Chicago, IL 60601

Do not use this form to file an appeal. If you disagree with a Department decision on your specific case, you may file an appeal with the Department following the directions provided in the decision documentation you received.

How Do We Reach You?

Name	Organization	Daytime Telephone Number

Mailing Address – Street or P.O. Box	City, State, and Zip Code

Email Address	Preferred Method of Communication
	☐ Email ☐ Mail ☐ Phone

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Information About Your Complaint

Name of the organization your complaint is against: _____

Name of the person(s) your complaint is against: _____

Date(s) action(s) occurred: _____

Details of the complaint:

- ☐ The organization/person has inappropriately disclosed my protected health information.
- ☐ The organization/person has inappropriately used my protected health information.
- ☐ The organization/person has inappropriately disposed of my protected health information without protecting my privacy.
- ☐ The organization/person has denied access to my protected health information.
- ☐ The organization/person has denied my request to amend my protected health information.
- ☐ The organization/person has denied another privacy right.
- ☐ The organization's privacy policies and procedures violate the law.

Please provide a detailed description of your complaint covering what, when, who, how, where, and why. You may attach additional pages if there is not enough space here.

Please describe how you believe that your privacy complaint could be resolved:

* Public Law 104-191, the Health Insurance Portability and Accountability Act of 1996 (HIPAA), and 45 Code of Federal Regulations Parts 160 and 164)