



## PRIVACY COMPLAINT FORM

Use this form to file a complaint if you believe that DPH has violated the privacy or security of health or other confidential information. Please note that complaints for violation of the Health Insurance Portability and Accountability Act (HIPAA) must be filed within 180 days of the time you become aware of the violation. You may also call the DPH Privacy Officer at (888) 843-3718 to file a complaint. Mail the completed form to: DPH Privacy Officer, SC Department of Public Health, PO Box 2046, West Columbia, SC 29171.

### Complainant Information Section:

- ☐ I am the victim  
☐ I am filing on behalf of the victim and I wish to include my contact information  
☐ I am filing on behalf of the victim and I wish to file anonymously  
☐ I am DPH staff filing on behalf of the victim

First Name: \_\_\_\_\_ Middle Initial: \_\_\_\_\_ Last Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_  
E-mail Address: \_\_\_\_\_

### Name of person whose privacy was violated (if different from person filing complaint):

First Name: \_\_\_\_\_ Middle Initial: \_\_\_\_\_ Last Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_  
E-mail Address: \_\_\_\_\_

### Incident Information Section:

#### Location of Incident:

County: \_\_\_\_\_  
Office: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
DPH Program/Service Area: \_\_\_\_\_

#### Details of Incident:

##### Type of Complaint (mark all that apply):

- ☐ DPH's notice of privacy practices was not provided  
☐ You could not inspect or receive copies of your health information  
☐ You could not request to amend your medical record  
☐ Your protected health information was disclosed without your permission  
☐ Communication of your confidential health information was not handled as you asked  
☐ You could not get an accounting of disclosures of your health information  
☐ Other privacy rights were violated  
☐ Other Compliant(s): \_\_\_\_\_

**Date(s) of Incident:** \_\_\_\_\_

**Name(s) of employee(s) involved in incident (if known/applicable):** \_\_\_\_\_

**Please Provide a Brief Description of the Incident:**

**By signing below, I attest that all information provided is accurate.**

**Form Completed by:** \_\_\_\_\_ **Date Form Completed:** \_\_\_\_\_  
(signature)

## Instructions for Completing the Privacy Complaint Form 2026-ENG-DPH

**Purpose:** To provide a standard form for filing a HIPAA complaint or complaint of other reported violation of privacy or security of confidential information.

### Item by Item Instructions:

All sections are completed by the complainant or someone filing a complaint on behalf of someone else.

### Complainant Information Section:

- Check the box that applies to the individual filing the complaint.
- Print the name (first name, middle initial and last name) of the individual filing the complaint.
- Enter the following information based on how the individual wishes to be contacted: Street Address, City/State/Zip Code, Telephone number/Extension and/or E-mail address.
- If the individual is filing the complaint on behalf of someone else, enter the name of the individual whose privacy was potentially breached.

### Incident Information Section:

- Enter the County, Office Name, Address, City/State/Zip Code, and Program/Service Area that the incident took place.
- Check the type of complaint(s) being filed.
- Enter the date(s) that the incident took place.
- Enter the name(s) of the employee(s) involved in the incident (if known/applicable).
- Provide in detail how you believe DPH violated your (or someone else's) privacy or security of confidential information.
- Sign and date the form attesting that all information provided is accurate.

**Office Mechanics and Filing:** This form is sent to DPH's Privacy Officer and is retained in Compliance Office Files for 6 years under retention schedule 17208.