



Department of Social Services

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INFORMATION REGARDING INDIVIDUAL THAT IS THE SUBJECT OF HEALTH INFORMATION

Individual's Name _____	Social Security Number _____
Date of Birth _____	Other Identifier: _____
Address _____	Phone Number _____

INFORMATION REGARDING INDIVIDUAL FILING THIS COMPLAINT IF DIFFERENT FROM ABOVE

Complainant's Name _____	Phone Number _____
Address _____	
Complainant's involvement or personal relationship/authority with the individual: _____	

EXPLANATION OF REASON FOR COMPLAINT

Is your complaint about a disagreement with a DSS or Divisional HIPAA Policy or Regulation? If so, please specify your disagreement and your suggested remedy. _____

If your complaint is regarding information you feel was improperly released by DSS, please answer the following questions to the best of your knowledge.

Employee Name _____	DSS Division for which employee works: _____
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Address/Location of the Employee's Office: _____

What information was released: _____

On what date(s) was the information released: _____

Who or what agency was the information released to: _____

Why do you feel the information should not have been released? _____

If complaint is for reasons not stated above, please state basis for complaint and explain. _____

Submit this form to the DSS Privacy Officer, PO Box 1527, Jefferson City, MO 65102