

**Spelman College  
Health Care Flexible Spending Accounts**

**HIPAA Privacy Complaint Form**

*To lodge a complaint regarding our HIPAA Privacy Policy or any alleged misuse or improper disclosure of your protected health information, please fill out this form and submit it to our Privacy Officer using the contact information set forth on the last page of our Privacy Notice that was previously distributed to you. If you need another copy of the notice, please contact a member of our Human Resources Department. If your complaint involves the acts or omissions of our Privacy Officer, please submit your form to Associate Director of Human Resources.*

Name: \_\_\_\_\_

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

\_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Please describe in detail on the space provided below the specific facts leading to your complaint. If possible, please provide specific dates actions took place and the names of the individuals that acted or failed to act in manner causing you file this complaint. Please attach additional pages if you would like to use more space than is provided here.

Signature \_\_\_\_\_ Date: \_\_\_\_\_

Accepted by Privacy Officer on \_\_\_\_\_, 200\_\_.

Signature of Privacy Officer: \_\_\_\_\_

Outcome of Complaint: