



Allegheeny County
Department of Human Services
One Smithfield Street
Pittsburgh, PA 15222
1-800-862-6783
412-350-5891 (fax)

Privacy Complaint Form

DHS Privacy Officer
Department of Human Services
Human Services Building
One Smithfield Street, Suite 252
Pittsburgh, PA 15222

As required by the Health Information Portability and Accountability Act of 1996 (HIPAA) you have a right to complain about our privacy policies, procedures or actions. The Department of Human Services will not engage in any discriminatory or other retaliatory behavior against you because of this complaint. Please be as thorough and forthright as possible, and return it to our Privacy Officer listed above.

Client name: _____ Birth date: _____

Client ID number (If known): _____

Address: _____

What is the best way to contact you?

Phone (number): _____ U.S. Mail (address above)

Email (address): _____ Other: _____

What are the best hours to contact you? _____

Details of your complaint: (Please be as specific as possible with dates, times and the specific policy, procedure or action taken; include the names (if any) of any one in the office with whom you discussed this. Use the other side of this form if you need more room. Attach any relevant documents.)

Documents attached include:

Signed: _____ Date: _____

Print name: _____ Phone: _____

If not signed by the client, please indicate:

Relationship to client (patient):

- parent or guardian of minor patient
- guardian or conservator of an incompetent patient
- beneficiary or personal representative of deceased patient
- other (specify) _____

Name of client: _____