COUNTY OF ONSLOW HEALTH INFORMATION PRIVACY (HIPAA) COMPLAINT

If you have questions about this form, call the HIPAA Officer for the County of Onslow at (910) 989-3983

YOUR LAS	YOUR LAST NAME		
VORK PHONE			
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CITY		STATE	ZIP
☐ Yes ☐ No			
If Yes, whose health information privacy rights do you believe were violated?			
LAST NAM	IE:		
Describe briefly what happened. How and why do you believe your (or someone else's) health information privacy rights were violated, or the privacy rule otherwise was violated? Please be as specific as possible. (Attach additional pages as needed)			
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	ealth information privacy righ LAST NAM ny do you believe your (or solated? Please be as spec	CITY Yes	CITY STATE Yes

County of Onslow

Submit electronically by

ATTN: HIPAA Privacy Officer

OR

612 College St.

Jacksonville, NC 28540

Upon receipt of this completed complaint form the County of Onslow's HIPAA Officer has 7 working days to acknowledge receipt of your complaint.

The HIPAA Officer for the County of Onslow must document all complaints received, and their disposition.