



Michigan Conference of Teamsters Welfare Fund HIPAA Complaint Report

Section #1: Complainant Information

Name _____
Please Print

Date _____
MM / DD / YR

E-mail _____

Address _____

City _____ State _____ ZIP Code _____

Telephone Number _____ Fax Number _____

If you are filing a complaint on another individual's behalf, please provide the name and address of the individual on whose behalf the complaint is being filed:

Name _____

Address _____

City _____ State _____ ZIP Code _____

Relationship to Complainant _____

Section #2: Suspected Privacy Violation

Please describe in detail the nature of your privacy complaint, including the date or dates of the incident(s), and the name or names of any MCTWF employee involved and other witnesses (attach additional sheets if necessary):



Michigan Conference of Teamsters Welfare Fund HIPAA Complaint Report

Section #3: Authorization and Signature

By signing this form, I, _____ (print name), am confirming that it accurately reflects my complaint.

Signature _____

Date of Signature _____ / _____ / _____
MM / DD / YR

Submit Form to: **Privacy Officer**
Michigan Conference of Teamsters Welfare Fund
2700 Trumbull Avenue
Detroit, MI 48216

Or Fax to: **313-496-2943**

To file a complaint with the Secretary of the Department of Health and Human Services and/or the Office for Civil Rights, access: <http://www.hhs.gov/ocr/hipaa/>