

Appendix A
HIPAA Individual Rights Complaint Form

Under the Health Insurance Portability and Accountability Act of 1996, as amended (HIPAA), you have certain rights with respect to Protected Health Information (PHI) about you held by the Clarke County Fire & Rescue Department. Our HIPAA policies require that these rights be exercised in writing. This form assists you in exercising your rights. Additional information about your rights can be found in the Notice of Privacy Practices and in our Privacy Policy and implementing regulation.

My request/complaint applies to the following:

Clarke County Fire & Rescue Department Emergency Medical Treatment Protected Health Information

Please check one or more of the following and provide the information specified:

1. Request to Inspect or Copy Protected Health Information.

- I want to inspect PHI about myself
- I want to obtain a copy of PHI about myself

I do ___ do not ___ agree that the Plan may provide a summary of the PHI instead of allowing me to review it.

2. Request to Amend or Correct Protected Health Information. Describe amendment or correction requested: _____

Reason for requested amendment or correction: _____

3. Request for Accounting. Please provide an accounting of disclosures of my PHI that occurred during the following period: _____

4. Request for Restriction. The Clarke County Fire & Rescue Department is not required to grant this request.

(a.) I request that the restrictions described below apply to the following information: _____

(b.) I request that the use and disclosure of the information described in (a) above be restricted in the following manner: _____

(c.) I request that my PHI not be disclosed to the following individuals or entities: _____

○ **5. Request for Alternate Communications.** I hereby request that I receive communications of my PHI from the Plan as follows and represent that disclosure of all or part of this PHI could endanger me. Describe communications subject to request and proposed alternative means of contact:_____

○ **6. Complaint Regarding Privacy Policy/Regulations and Procedures:**

Describe:_____

Signature of individual or individual's representative
(Form MUST be completed before signing.)

Date

Printed name of individual or individual's personal representative:_____

Relationship to individual, including authority for status as representative_____

For additional information, please contact the Billing Coordinator for Clarke County Fire & Rescue Department (540) 955-5105.

**Completed form MUST be hand delivered or mailed to:
Clarke County Fire & Rescue Department
Billing Coordinator
101 Chalmers Court
Berryville, Virginia 22611**