



State of New York  
Department of Civil Service  
Albany, NY 12239

**ADMINISTRATIVE SERVICES DIVISION**  
**Department HIPAA Privacy Officer**  
**HIPAA Privacy Complaint**

ADM-302 (1/07L)

You have the right to file a complaint with the Department of Civil Service's HIPAA Privacy Officer about the Department's privacy practices or the Department's compliance with its Privacy Practices Notices, privacy policies and procedures, or federal or State privacy rules or laws. The Department HIPAA Privacy Officer will investigate your complaint and provide you with a written response. You will not be required to waive any right you may have under federal or State law to file your complaint, nor will filing your complaint adversely affect your enrollment in NYSHIP or NYPERL, or your use of the Employee Health Service. To file a complaint, please complete, sign and date this form, then mail this form to:

DCS HIPAA Privacy Officer  
NYS Department of Civil Service  
Office of Counsel  
Albany, NY 12239

Your complaint should be filed within **180 days** of when you first knew or should have known that the act or omission complained of occurred, unless you can show good cause for why you needed more time to file the complaint.

This section must identify the individual affected by the activity complained about. A contact number or address is needed in case additional information or clarification is required. **(Please Print Clearly)**

Date	Social Security Number or Other ID:	Date of Birth	Telephone Number ( )
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Last Name	First Name	M.I.
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Street Address

City or Post Office	State	Zip Code
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What is your relationship to this person?  **Self**  **Parent or Guardian of child under 18**  **Personal Representative**  
(If you are a Personal Representative, please provide documentation, such as a court order, power of attorney, health care proxy, or a Personal Representative designation form unless you already have provided documentation to the Department)

What organization do you believe violated the health information privacy right or committed another violation of HIPAA privacy requirements? *Check appropriate box(s).*

NYS Department of Civil Service - Employee Health Service  
 NYS Department of Civil Service - Employee Benefits Division

The DCS HIPAA Privacy Officer will review complaints about the Department's Employee Health Service and the Employee Benefits Division only. **If you have a complaint about a NYSHIP or NYPERL insurer, you must contact them directly.**

When do you believe that the violation of your health information privacy right occurred?

**LIST DATE(S):** \_\_\_\_\_

**Describe briefly what happened. How and why do you believe health information privacy rights were violated? Please be as specific as possible. (Attach additional pages as needed).**

**PLEASE SIGN AND DATE THIS COMPLAINT.**

**SIGNATURE** \_\_\_\_\_ **DATE** \_\_\_\_\_

**PERSONAL PRIVACY PROTECTION NOTIFICATION** - The information you provide on this form is requested for the principal purpose of filing a complaint to assert violations of HIPAA privacy requirements pursuant to 45 CFR 164.530(d). Failure to provide the information may prevent us from addressing your complaint. The information will be maintained by the Department of Civil Service's HIPAA Privacy Officer. The information will be used in accordance with Public Officers Law Section 96(1), also known as the Personal Privacy Protection Law. For information relating only to the Personal Privacy Protection Law, call (518) 457-9375. If you have any questions regarding this form, please call the Department's HIPAA Privacy Officer at (518) 453-1841.