HIPAA PRIVACY COMPLAINTS

Contact Persons:

Division of Developmental Disabilities Privacy Officer

Refugee Resettlement Medical Assistance Program Privacy Officer

Department of Economic Security Chief Privacy Officer

Complaints may be filed with the Division/Program Privacy Officer by using one of the following methods:

- · By email to: InfoBreach@azdes.gov
- By mail to the address provided in the Notice of Privacy Practices for the relevant Program or Division
- By mail to:

Division Privacy Officer c/o Chief Privacy Officer Department of Economic Security 1789 W. Jefferson Street Mail Drop 1292 Phoenix, AZ 85005

1. If a personal representative signs this complaint on behalf of a client of the Department of Economic Security, please provide the client's name and the personal representative information on page three of this form. If you are a client of the Department of Economic Security, please provide the following information.

Name (Last, First, M.I.)			_ Date
Address (No., Street)			
City		State	ZIP Code
Case Number	Email _		
Daytime Phone Number		Evening Phone Number	
What is the best way to reach you?			
What are the best hours to reach you?			

2. Please provide a detailed description of your complaint. Please be as specific as possible (what, when, who, how, where). You may use the other side of this form if you need more room. You may also attach copies of documents that might be helpful during an investigation.

3. Were there any witnesses? If so, please provide their names, addresses and telephone numbers.

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4. Please describe how you believe that your privacy complaint could be	e resolved.	
5. Signature		
Print Name		
Signature	Date	
f a personal representative on behalf of a client of the Department of Eccomplete the following:	conomic Security signs this complaint, plea	se
Personal Representative's Name (Last, First, M.I.)		
Personal Representative's Address (NO.,Street)		
City	State ZIP Code	
Personal Representative's Phone NO	_	
What is the best way to reach you?		
What are the best hours to reach you?		
Relationship of Personal Representative to client:		
Parent or guardian of minor child		
Guardian or conservator of individual		
Durable health care power of attorney		
Other (specify)		
The Department of Economic Security will send you a written notification additional information is needed to investigate your complaint, that information Department of Economic Security will conduct a timely and impartial invite investigation, you will receive a written response to your complaint.	mation will be requested in the notification.	
You are entitled to a copy of this complaint. Please retain a copy for you	r records.	

Equal Opportunity Employer/Program • Under Titles VI and VII of the Civil Rights Act of 1964 (Title VI & VII), and the Americans with Disabilities Act of 1990 (ADA), Section 504 of the Rehabilitation Act of 1973, the Age Discrimination Act of 1975, and Title II of the Genetic Information Nondiscrimination Act (GINA) of 2008; the Department prohibits discrimination in admissions, programs, services, activities, or employment based on race, color, religion, sex, national origin, age, disability, genetics and retaliation. To request this document in alternative format or for further information about this policy, contact your local office; TTY/TDD Services: 7-1-1. • Free language assistance for DES services is available upon request. Disponible en español en línea o en la oficina local.