

Oklahoma State and Education Employees Group Insurance Board

**HEALTH INSURANCE PORTABILITY
AND ACCOUNTABILITY ACT OF 1996 (HIPAA)**

**COMPLAINT OTHER THAN PRIVACY
FOR VIOLATION OF HIPAA
TRANSACTION AND CODE SET RULE; SECURITY RULE; NATIONAL
EMPLOYER IDENTIFIER RULE; NATIONAL PROVIDER IDENTIFIER
RULE; NATIONAL PLAN IDENTIFIER RULE**

The Department of Health and Human Services (DHHS), specifically the Office of HIPAA Standards (OHS) is responsible for all HIPAA Administrative Simplification enforcement except for Privacy, which is enforced by the Office for Civil Rights. OHS is an office within the Centers for Medicare & Medicaid Services (CMS), but for purposes of HIPAA enforcement, OHS operates as a separate entity and is completely detached from CMS's Medicare and Medicaid related activities.

INSTRUCTIONS TO FILE A HIPAA COMPLAINT OTHER THAN PRIVACY

Written complaints are filed with the Secretary of Health and Human Resources, Attention Administrator, Centers for Medicare and Medicaid Services, HIPAA TCS Enforcement Activities, P. O. Box 8030 Baltimore, MD 21244-8030 or by internet using the Administrative Simplification Enforcement Tool at <http://htct.hhs.gov/>. Complaints must be filed within 180 days after the date on which you became aware, or should have been aware, of the violation

Questions concerning this process may be directed to the Oklahoma State and Education Employees Group Insurance Board, HIPAA Coordinator at (405) 717-8701, 1-800-543-6044. Please send copy of your Complaint to the Oklahoma State and Education Employees Group Insurance Board, HIPAA Coordinator; 3545 N.W. 58th, Suite 1000, Oklahoma City, Oklahoma 73112

Name: _____ ID Number: _____/_____/_____

Address: _____
(Street, P. O. Box)

(City, State, Zip Code)

Telephone Number: _____ Date: _____

Please state the reasons for your concerns and specifics about the alleged violations. If applicable, give names of employees involved, if known, and the location and dates of the alleged violations. Please provide as many details as possible. Use additional pages if necessary.

Signature: _____