



Privacy Complaint

Name: _____ Date: _____

Telephone Number: _____

Please describe the nature of the complaint:

Date of Occurrence: _____ Information Affected: _____

Please name the entity that is the subject of the complaint:

Signature

Date

Please state the reason(s) supporting the requested amendment:

Please mail this form to the University's Privacy Official at the following address:

Samantha Todd, APRN
HIPAA Privacy Official
Kentucky State University
Student Health Services
400 East Main Street
Frankfort, KY 40601

You may also submit the complaint electronically to samantha.todd@kysu.edu. A complaint must be filed within 180 days of when you knew or should have known of the circumstances that led to the complaint.

You also may submit a written complain to the appropriate Office of Civil Rights Regional Office.