## SOUTH CAROLINA DEPARTMENT OF MENTAL HEALTH

## **Privacy Practices Complaint**

If you believe that your privacy rights regarding your protected health information have been violated, you may file a written complaint by contacting: the local Privacy Officer where you are or were receiving DMH services or the SCDMH Privacy Officer, South Carolina Department of Mental Health, P.O. Box 485, 2414 Bull St., Columbia, SC 29202. You may also file a grievance with the U.S. Department of Health and Human Services, Office of Civil Rights, by calling 1-800-368-1019, or TDD/TTY 1-800-537-7697; Fax 202-619-3818; or, Email <a href="mailto:ocrmail@hhs.gov">ocrmail@hhs.gov</a> via the OCR Complaint Portal. There will be no retaliation for your filing a complaint, and you will still have the same access to SCDMH services. Complaints must be filed within 180 days of the time you become aware of the violation of privacy.

| Patient Name:  |   |   |                                 |
|--|---|---|---------------------------------|
| Date of Birth:   | SS#:  |   |                                 |
| Address:   |   | Phone: ( )  |                                 |
| Please state in detail why you belie<br>their protected health information h<br>Please give the names of SCDMH e<br>the violation occurred. You will rec | ave been violated, or othe<br>employees or other persor | er complaint about SCDMH Privins involved, if known, the location | vacy Practices. on, and date(s) |
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| Requesting Individual (Print Name)   | Requesting Individua                                    | ıl (Signature)  | Date                            |