THE UNIVERSITY OF OKLAHOMA

# HIPAA
# Privacy Complaint Report

Reported by: _____ Date: _____

Contact Information: _____

_____

Email Address: _____ Telephone Number: _____

**Date of Occurrence:**

**Clinic/Office of Occurrence:**

**Please mail this form to:**

**University Privacy Official**
**University of Oklahoma**
**Health Sciences Center**
**Post Office Box 26901**
**Oklahoma City, Oklahoma 73190**

**or**

**Secretary of Health & Human Services**
**Office of Civil Rights – DHHS**
**1301 Young Street, Suite 1169**
**Dallas, TX 75202**
**(214) 767-4056; (214) 767-8940 TDD**

**You may also contact the Privacy Official by: E-mail at: OU Compliance@ouhsc.edu or Telephone: (405) 271-2511**