```markdown
# Privacy Complaint Report Form

<table>
<thead>
<tr>
<th>Name:</th>
<th>Request Date:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mailing Address:</td>
<td>Date of Birth:</td>
</tr>
<tr>
<td>City/State/Zip:</td>
<td>Medicaid ID# or Soc. Sec.#:</td>
</tr>
</tbody>
</table>

I wish to file a privacy complaint regarding my health information. My complaint is about the office or facility listed below:

**NAME:**___________________________________________________________________________________

**ADDRESS:** _____________________________________________

Telephone Number:  ( __ __ __ )  ______ -__________

I am filing this privacy complaint because:
__________________________________________________________________________________________
__________________________________________________________________________________________
__________________________________________________________________________________________
__________________________________________________________________________________________
__________________________________________________________________________________________
__________________________________________________________________________________________
__________________________________________________________________________________________

I acknowledge that I have read both page 1 and 2 of this form.

___________________________________________________________        __________________
Signature of Individual or Personal Representative                                             Date

____________________________________        ___________________
Signature of Witness (If signed with “X” or mark)                                               Date
```
Your Rights to File a Privacy Complaint

- You have a right to receive information about how to file a complaint about the privacy of your personal health information.

- You have a right to receive the Louisiana Department of Health “Notice of Privacy Practices” which tells you how your personal health information will be used and disclosed. The Notice of Privacy Practices also tells you how to file a privacy complaint.

- Your complaint will be investigated and a written response will be made within 30 days from the date you filed the complaint.

- If there are delays in getting you the response, you will receive a written notice giving the reason for the delay.

- Translators, interpreters, and readers who meet the communication needs of the individual may be provided for during the complaint process.

- You may choose a representative to represent your interests during the complaint process.

Your Right to Rile a Privacy Complaint

You may contact the Privacy Office listed below if you want to file a complaint or to report a problem about how LDH has used or disclosed information about you. Your benefits will not be affected by any complaints you make. LDH cannot punish or retaliate against you for filing a complaint, cooperating in any investigation, or refusing to agree to something that you believe to be unlawful. Your Privacy office contact is:

Privacy complaints may be directed to:

State of Louisiana
Louisiana Department of Health

INSERT PROGRAM OFFICE INFORMATION HERE INCLUDING EMAIL ADDRESS

Phone: (          )
E-mail: privacy-ldh@la.gov