SCDMH 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. At any time, you may also, or instead of, writing or contacting the local or DMH Privacy Officer, contact the Secretary of the Department of Health and Human Services by calling 877-696-6775 or writing to 200 Independence Ave. SW, Washington, D.C. 20201. You may also file a grievance with the Office of Civil Rights by calling 866-OCR-PRIV (866-627-7748) or 886-788-4989 TTY. Email: www.hhs.gov/ocr 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.

Name_____Date of Birth_____SS#_____

Address _____ Phone ( )_____

Please state in detail why you believe your rights, or the rights of another Consumer pertaining to privacy of their protected health information have been violated, or other complaint about SCDMH Privacy Practices. Please give the names of SCDMH employees or other persons involved, if known, the location, and date(s) the violation occurred. You will receive a written acknowledgement within 30 days of receipt.

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Signature Date