

# NEVADA YOUTH EMPOWERMENT PROJECT



**KEEP A COPY FOR YOUR RECORDS  
COMPLETE THIS FORM AFTER IT IS PRINTED**

## HIPPA PERSONAL HEALTH INFORMATION PRIVACY COMPLAINT FORM

Today's Date:		First Name:		Last Name:	
Street Address:					
City:		State:		Zip Code:	
Home Phone:			Work Phone:		
Fax (if available):			Email (If available):		
Are you filing a complaint for someone else: <span style="float: right;"><input type="checkbox"/> Yes <input type="checkbox"/> No</span>					
If yes, whose health information privacy rights do you believe were violated?					
First Name:		Middle Name:		Last Name:	
<b>Information About Suspected Privacy Violation:</b> Enter the information regarding the individual or organization that you believe violated HIPPA Personal Health Information Privacy Requirements.					
Personal/Agency/Organization:					
Street Address:					
City:		State:		Phone:	
Date of Suspected Privacy Violation:					
Please describe in detail the nature of your privacy complain:					

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_/\_\_\_\_/\_\_\_\_

**Send To:**  
**Nevada Youth Empowerment Project**  
**HIPPA Compliance Officer**  
**2030 W. 6<sup>th</sup> Street**  
**Reno, NV 89503**  
**Or email: [monica.nyep@gmail.com](mailto:monica.nyep@gmail.com)**