

FIRE PROTECTION DISTRICT NUMBER FOUR ST. TAMMANY PARISH LOUISIANA,
HEALTH CARE COMPONENT - CHAPTER 16, Privacy and Security Complaint

HIPAA PRIVACY and SECURITY COMPLAINT

Reported by: _____ Date: _____

Contact Information: _____

Email address: _____ Telephone Number: _____

Date of Occurrence:	Location:
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Please mail this form to:

Fire Protection District Four
Privacy Officer
701 Girod St.
Mandeville, LA 70448

-or-

Secretary of Health & Human
Services – Office of Civil Rights
1301 Young St., Suite 1169
Dallas, TX 75202
(800) 368-1019 / TDD (800) 537-7697
A breach must be reported
electronically:
<http://www.hhs.gov/ocr/privacy/hipaa/administrative/breachnotificationrule/brinstruction.html>