Nevada Division of Health Care Financing and Policy
Civil Rights and Privacy Incident Reporting Form

This form is used to report alleged violations of Civil Rights (non-discrimination) policies and incidents that involve suspected violations of privacy standards set forth in the Health Insurance Portability and Accountability Act (HIPAA). Please complete the portions of this form that apply to the situation you wish to report and submit it to the Recipient Civil Rights/ HIPAA Privacy Officer, Division of Health Care Financing and Policy, 1100 E. William St., Suite 101, Carson City, NV 89701. If you have questions, call (775) 684-3715 or email the Medicaid Civil Rights Officer at civilrights@dhcfp.nv.gov.

1. This form is being filed to report: ☐ **Discrimination** ☐ **Privacy Violation**

2. Alleged Victim

Name Phone ____________________________ #____________________________

Address ____

City, State, Zip Code ____

3. Complainant/Reporter (If Different)

Name Phone ____________________________ #____________________________

Address ____

City, State, Zip Code ____

4. Who would you like inquiries or information about the investigation directed to?

☐ Alleged Victim ☐ Complainant/Reporter ☐ Both

5. Person or Agency Responsible for Alleged Discrimination or Privacy Violation

Name Phone _____________________________ # _____________________________

Title ___________________________________ Office/Work Station _____________

Address ____

City, State, Zip Code ____

NMH-3810 (07/11)

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6. If your concern involves alleged discrimination, identify the basis for the discrimination.

☐ Race or color ☐ National origin ☐ Sex/Gender
☐ Disability ☐ Age ☐ Religion

7. Identify the date (or dates) when the alleged discrimination or suspected privacy violation occurred.

8. Provide a description of the alleged incident (or incidents) including the party or parties to whom protected health information was erroneously disclosed (if applicable).

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9. Has this report previously been filed with this agency? ☐ Yes ☐ No

If yes, what date was the report filed and to whom was it submitted?

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10. If you submit a complaint that is substantiated, what remedy are you seeking?

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A Word About Confidentiality	
Complaints regarding general business practices or accommodations for persons with disabilities may be submitted confidentially or anonymously.	Complaints regarding specific acts of alleged discrimination or privacy violations affecting particular individuals cannot be investigated anonymously but information about the alleged victim and complainant will be shared only with those directly involved.

Filing a complaint regarding alleged discrimination or suspected privacy violations with the Division of Health Care Financing and Policy will not result in retaliatory actions against the alleged victim or the complainant. If the alleged victim or complainant is not satisfied with the outcome of the investigation, he/she is entitled to appeal to the Director of the Nevada Department of Health and Human Services or file a complaint with the U.S. Department of Health and Human Services, Office for Civil Rights.

____ ______________________
Signature of Individual Filing this Report Date

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Printed Name of Individual Filing this Report