



REQUEST FOR INFORMAL PRIVACY CONFERENCE
 DEPARTMENT OF HEALTH AND HUMAN SERVICES
 LEGAL DIVISION
 SFN 934 (5-2023)

You (or your legal representative) have the right to file a complaint if you believe that a Department of Health and Human Services (Department) health plan, health care facility, or program providing health care, has not adequately protected your health information or violated your rights with respect to your health information. You may file your complaint with the Department health plan, health care facility, or program providing health care services to you.

CLIENT INFORMATION

Client Name (Last, First, Middle Initial)		Date of Birth	
Previous Names Used			
Address	City	State	ZIP Code
Name of the Department Health Plan, Health Care Facility, or Program Providing Health Care			
Telephone Number (if we have questions regarding your request)			

STEP 1.

Explain your complaint and provide any documents, written statements, exhibits, or other written information that support your request for an informal privacy conference. (Attach additional sheets if needed.)	
Signature of Client or Legal Representative	Date
If Legal Representative, Print Name	Relationship to Client

STEP 2.

Send this conference request to the director of the Department health plan, health care facility, or program providing health care services responsible for the alleged violation. Within ten working days of receipt of your request, the director or director's designee will contact you to schedule a conference with you to try and resolve the matter.

FOR DEPARTMENT USE ONLY

Date Received	Conference Date	
Director or Director's Designee Decision		
Signature of Director or Director's Designee	Decision Date	Date Notice Sent to Client