



REQUEST FOR HIPAA PRIVACY OFFICER REVIEW
 DEPARTMENT OF HEALTH AND HUMAN SERVICES
 LEGAL DIVISION
 SFN 933 (5-2023)

REQUESTING A HIPAA PRIVACY OFFICER REVIEW. The purpose of this request is to seek review and final determination of my complaint by the HIPAA Privacy Officer. A request for review must be received by the HIPAA Privacy Officer within 20 days of the mailing date of the informal conference decision.

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.

<p>Explain why you disagree with the director of the Department health plan, health care facility, or program providing health care services decision and provide any documents, written statements, exhibits, or other written information that support your request for review. (Attach additional sheets if needed.)</p>	
Signature of Client or Legal Representative	Date
If Legal Representative, Print Name	Relationship to Client

STEP 2.

Send this request for review to: HIPAA Privacy Officer, North Dakota Department of Health and Human Services, Legal Division, State Capitol, 600 E. Boulevard Avenue, Dept. 325, Bismarck, ND 58505-0250

FOR DEPARTMENT USE ONLY

Date Received		
HIPAA Privacy Officer Decision		
Signature of HIPAA Privacy Officer	Decision Date	Date Notice Sent to Client