

MNSHINE HEALTH INFORMATION EXCHANGE

Health Information Exchange Complaint Form

Use this form to file a complaint with the Minnesota Statewide Health Information Network and Exchange (MNSHINE) Health Information Organization (MNSHINE HIO) about privacy or the use of health information exchanged through MNSHINE HIO, or about a violation of MNSHINE HIO policies. This form follows the MNSHINE HIE Complaint Policy (HIE-POL-004).

Before you begin

- **Do not include health information.** Please do not include diagnoses, test results, treatment details, medical record numbers, insurance member ID numbers, or Social Security numbers. Describe what happened without these details; we will contact you if we need more information.
- **Your name and contact information are required.** We cannot accept anonymous complaints or complaints made by phone. We will keep your identity confidential.
- **File within 180 days.** If your complaint is about a suspected privacy violation or breach of health information, it must be filed within 180 days of the date you became aware of it.
- **Complaints about your provider or health plan.** If your complaint is about how a health care provider, clinic, hospital, or health plan handled your information, you may also contact that organization directly. Each MNSHINE HIO Participant has its own complaint process.
- **MNSHINE will not retaliate** against anyone for filing a complaint.

1. YOUR CONTACT INFORMATION

Fields marked* are required.

Full name *	
Organization (if filing for an organization)	
Mailing address *	
Phone *	
Email	

How should we contact you about your complaint?

☐ Mail ☐ Email ☐ Phone

2. WHO IS FILING THIS COMPLAINT?

Check one.

Individuals

- ☐ I am the individual whose health information this complaint is about.
- ☐ I am the individual's personal representative (for example, a parent of a minor child, a legal guardian, or a person with health care power of attorney).
- ☐ I am filing on behalf of an individual.

Participants and workforce

- ☐ I represent a MNSHINE HIO Participant organization.
- ☐ I am an Authorized User of a MNSHINE HIO Participant.
- ☐ I am a member of the MNSHINE HIO workforce.

If you are filing for someone else, tell us about the individual:

Individual's name	
Your relationship to the individual	

3. WHAT IS YOUR COMPLAINT ABOUT?

Check all that apply.

- ☐ Health information was used, shared (disclosed), or disposed of in a way that is not allowed
- ☐ An individual was denied access to their own health information
- ☐ Someone was retaliated against for filing a complaint

For Participants, Authorized Users, and MNSHINE HIO workforce only:

- ☐ A violation of MNSHINE HIO policies and procedures
- ☐ Other (please describe in Section 5)

4. WHO IS THE COMPLAINT ABOUT, AND WHEN DID IT HAPPEN?

The complaint is about:

- ☐ MNSHINE HIO
- ☐ A MNSHINE HIO Participant (for example, a clinic, hospital, or health plan) – please name it below
- ☐ I'm not sure

Name of the Participant organization (if applicable)	
Date the problem happened (if known)	
Date you became aware of the problem *	

Have you already filed this complaint with the Participant organization?☐ Yes ☐ No ☐ Not applicable

If yes, please include a copy of the Participant's written response, if you received one. Remove any health information from it first.

5. DESCRIBE YOUR COMPLAINT

Tell us what happened, who was involved, and how you learned about it. **Please do not include health information** such as diagnoses, test results, or medical record or insurance numbers. Attach additional pages if needed.

What happened *	
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What would you like to happen as a result of your complaint?	
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6. SIGNATURE

I confirm that the information in this complaint is true and complete to the best of my knowledge. I understand that MNSHINE HIO may need to contact me, and may need to share information about this complaint with the Participant organization involved, in order to investigate it.

Signature *	
Date *	

For MNSHINE HIO Use Only			
Complaint number		Date received	
Acknowledgment sent (2 business days)		Written response due (30 days)	
Extension notice sent (if any)		Within 180-day filing period?	☐ Yes ☐ No ☐ N/A
Assigned to		Date of final disposition	

HIE-FRM-001 · Version 1.0 · Related policy: HIE-POL-004 Complaint Policy. Records of complaints are kept for at least six years.

Print Form

Clear Form

Information About Filing a Complaint

Please keep this page for your records.

HOW TO SUBMIT THIS FORM

Submit your completed and signed form by mail or electronically. MNSHINE HIO does not accept complaints by phone.

By mail

MNSHINE HIO – Privacy Officer
1915 Highway 36 West, Suite 123, Roseville, MN 55113

Electronically

Email the completed form to support@mnshine.org or use the online submission option at www.mnshine.org.

To request a paper copy of this form

Call MNSHINE HIO at (612) 746-4522.

WHAT HAPPENS AFTER YOU FILE

- **We acknowledge your complaint** within 2 business days of receiving it.
- **We review and investigate.** Complaints about MNSHINE HIO are reviewed by the MNSHINE Privacy Officer. Findings are documented.
- **We respond in writing within 30 days.** If we need more time because of extenuating circumstances, we will tell you in writing.
- **We keep your identity confidential** and will not retaliate against anyone for filing a complaint.
- **If you are not satisfied with our response,** you may ask that your complaint be sent to the MNSHINE HIE Advisory Committee through the MNSHINE CEO. You may also forward your complaint to the Minnesota Department of Health (MDH), which oversees health information exchange in Minnesota.

Your right to file with the federal government

You are encouraged to file your complaint with the Participant or with MNSHINE HIO so we can resolve it. You also have the right to file a complaint with the U.S. Department of Health and Human Services, Office for Civil Rights (OCR), within 180 days of becoming aware of a suspected violation of your health information privacy rights. You can file with OCR online at www.hhs.gov/ocr/complaints or by calling 1-800-368-1019. Filing with OCR does not prevent you from filing with MNSHINE HIO.