



## South Carolina Health Information Exchange COMPLAINT

The South Carolina Health Information Exchange (SCHIEEx) accepts complaints regarding adverse events, such as violations of privacy rights, and any aspect of its operations or policies from patients, authorized users, or participating organizations. All complaints must be submitted on this complaint form. To file a complaint, please complete Sections I, II and III below.

*Please note:* You do not have to complete all of the information requested here in order to file a complaint; however, without complete information about the nature of your complaint, it will be difficult for SCHIEEx to fully investigate and resolve the complaint. Information submitted on this form will be treated confidentially.

### I. CONTACT INFORMATION

Your First Name		Your Last Name	
Home Phone (including area code)		Work Phone (including area code)	
Street Address			
City		State	Zip Code
Email Address (if available)			

### II. DESCRIPTION OF COMPLAINT

**I am filing this complaint as a:** (please check one box below)

<input type="checkbox"/>	<b>Patient</b> – this includes individuals who receive medical services from a doctor or other health care provider
<input type="checkbox"/>	<b>Authorized User</b> – this includes individuals who access SCHIEEx services as a part of their job functions
<input type="checkbox"/>	<b>Participating Organization</b> – this includes organizations that have entered into a contractual relationship with SCHIEEx

Are you filing this complaint for someone else?

Yes  No

If Yes, on whose behalf are you filing this complaint?

First Name	Last Name
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**If your complaint is regarding the actions of a specific person, agency, or organization (such as a health care provider or a health plan), please provide the following information:**

Name of Person/Agency/Organization		
Street Address		
City	State	Zip Code
Phone Number (including area code)		

**If your complaint is regarding a specific event, such as a breach of privacy, please provide the date(s) when the event occurred:**

List Date(s)	Type of Event(s)
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**Describe your complaint. Please be as specific as possible.** (Attach additional pages as needed.)

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### III. SIGNATURE

**Please sign and date this complaint.** If you are submitting this form by email, please type your full name as your electronic signature.

*I acknowledge that all of the above information is true and accurately reflects the nature of the complaint, to the best of my knowledge.*

Signature
Date

### IV. SUBMISSION AND NEXT STEPS

Submit this completed form by mail to:

South Carolina Health Information Exchange  
c/o South Carolina Health Information Partners, Inc.  
P.O. Box 7785  
Columbia, SC 29202

Or you may submit this completed form by email to: [Compliance@schie.org](mailto:Compliance@schie.org).

SCHIEEx will acknowledge receipt of your complaint, investigate it, and make every effort to resolve the complaint within a reasonable time frame. Most complaints are resolved within 30 days. Should you have any questions, please call SCHIEEx at 803-898-9962.

You also have the right to submit a complaint about a violation of health information privacy rights to the U.S. Department of Health and Human Services, Office for Civil Rights. If you would like to do so, please see the OCR website at: <http://www.hhs.gov/ocr/privacy/hipaa/complaints/>. You may download the OCR complaint form at: <http://www.hhs.gov/ocr/privacy/hipaa/complaints/hipcomplaintform.pdf>