



HEALTH INFORMATION PRIVACY COMPLAINT



YOUR FIRST NAME Steven		YOUR LAST NAME Pasarella	
HOME PHONE (Please include area code) [REDACTED]		WORK PHONE (Please include area code) [REDACTED]	
STREET ADDRESS 2700 Monroeville Blvd.			CITY Monroeville
STATE PA	ZIP 15146	E-MAIL ADDRESS (if available) pascas@monroeville.pa.us	

Are you filing this complaint for someone else? Yes No
If Yes, whose health information privacy rights do you believe were violated?

FIRST NAME Stephen	LAST NAME Henderson
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Who (or what agency or organization, e.g., provider, health plan) do you believe violated your (or someone else's) health information privacy rights or committed another violation of the Privacy Rule?

PERSON / AGENCY / ORGANIZATION

George W. Polnar / Municipality of Monroeville / UPMC

STREET ADDRESS		CITY Monroeville
STATE PA	ZIP 15146	PHONE (Please include area code)

When do you believe that the violation of health information privacy rights occurred?

LIST DATE(S)

8/21/2012 and on-going

Describe briefly what happened. How and why do you believe your (or someone else's) health information privacy rights were violated, or the privacy rule otherwise was violated? Please be as specific as possible. (Attach additional pages as needed)

Monroeville Emergency Communications Center computer aided dispatch system sends electronic (e-mail) message of medical calls it dispatches to emergency responders. The message includes specific medical information about the patient involving current request for emergency medical response and address; current and all times past medical history. The system has been programmed to add persons to receive these e-mails for personal reasons. i.e. George Polnar, former Chief of Police current security guard at UPMC East is receiving the call information from dispatch. On 8/21/2012, Polnar forwarded an e-mail to a friend containing an EMS response to her neighbors (Stephen Henderson) home. Though the e-mail did not contain the name, the age sex address information was enough for her to identify Mr. Henderson.

This situation is on-going at this time and needs to be addressed as soon as possible. It is not known who is receiving the medical information by e-mail for every EMS call for service.

Please sign and date this complaint. You do not need to sign if submitting this form by email because submission by email represents your signature.

SIGNATURE	DATE (mm/dd/yyyy)
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Filing a complaint with OCR is voluntary. However, without the information requested above, OCR may be unable to proceed with your complaint. We collect this information under authority of the Privacy Rule issued pursuant to the Health Insurance Portability and Accountability Act of 1996. We will use the information you provide to determine if we have jurisdiction and, if so, how we will process your complaint. Information submitted on this form is treated confidentially and is protected under the provisions of the Privacy Act of 1974. Names or other identifying information about individuals are disclosed when it is necessary for investigation of possible health information privacy violations, for internal systems operations, or for routine uses, which include disclosure of information outside the Department for purposes associated with health information privacy compliance and as permitted by law. It is illegal for a covered entity to intimidate, threaten, coerce, discriminate or retaliate against you for filing this complaint or for taking any other action to enforce your rights under the Privacy Rule. You are not required to use this form. You also may write a letter or submit a complaint electronically with the same information. To submit an electronic complaint, go to OCR's Web site at: www.hhs.gov/ocr/privacy/hipaa/complaints/index.html To mail a complaint see reverse page for OCR Regional addresses.