



Complaint Form Instructions

MINNESOTA STATUTES, §62J.536

If you have questions about Minnesota's requirements for standard, electronic health care administrative transactions pursuant to Minnesota Statutes, §62J.536, please visit our website at: www.health.state.mn.us/facilities/ehealth/asa.

Instructions and Important Information

MS §62J.536, Subd. 2b, authorizes the Minnesota Department of Health (MDH) to ensure compliance with the law and provides that:

“(b) A person who believes a health care provider or group purchaser is not complying with the requirements of this section may file a complaint with the commissioner of health. Complaints filed under this section must...

... be filed in writing, either on paper or electronically.

... name the person that is the subject of the complaint and describe the acts or omissions believed to be in violation of this section.

... be filed within 180 days of when the complainant knew or should have known that the act or omission complained of occurred.

The commissioner may prescribe additional procedures for the filing of complaints as required to satisfy the requirements of this section.”

Information you are entitled to know about submitting this form and its use (“Tennessee Warning”)

- The purpose and intended use of this form is to submit complaints regarding noncompliance with the requirements of MS §62J.536 and related rules to MDH for review and possible investigation. Data submitted on this form may be used by MDH to further review or investigate for noncompliance with the statute and rules.
- Individuals and organizations are not required to submit complaints. Submitting this form and any data provided on the form or associated with it is voluntary. However, without the information requested on the complaint form, MDH may be unable to proceed with a complaint.
- Because submission of this form is not required, there are no consequences to individuals or organizations who either supply or refuse to supply data for this form.

- The only persons authorized by state or federal law to receive this data are authorized staff of MDH and agencies and persons authorized by law to access the data.

Additional Information

The Minnesota Commissioner of Health may investigate complaints. The Commissioner of Health may conduct compliance reviews to determine whether health care providers and group purchasers are complying with MS §62J.536.

MDH collects this information under authority of MS §62J.536, Subd. 2b. Any data collected by the Commissioner of Health as part of an active investigation or active compliance review under this section are classified as protected nonpublic data pursuant to [section 13.02 subdivision 13 \(www.revisor.mn.gov/statutes/cite/13.02\)](http://www.revisor.mn.gov/statutes/cite/13.02) in the case of data not on individuals and confidential pursuant to [section 13.02 subdivision 3 \(www.revisor.mn.gov/statutes/cite/13.02\)](http://www.revisor.mn.gov/statutes/cite/13.02) in the case of data on individuals. Data describing the final disposition of an investigation or compliance review are classified as public.

This complaint form and any action associated with it in no way limits or affects any party's ability to file a federal HIPAA Non-Privacy Complaint form.

Instructions

1. Use this form to file complaints regarding possible noncompliance with MS §62J.536. The complaint form **must** be filed in writing. **Email submissions are strongly encouraged.**
 - **Email** — Submit this form as an attachment to: health.asaguides@state.mn.us or
 - **US Postal Service** — ATTN: MDH - CHIPT, MS 62J.536 Complaints, PO Box 64882, St. Paul, MN 55164-0975
2. Please complete the form as thoroughly as possible. Include any additional documentation as clearly labeled attachments to this form. **Labeling of attachments should clearly indicate:**
 - Individual or organization submitting a complaint: a) Name b) Organization c) Phone number d) Email
 - Subject of the complaint: a) Name b) Organization c) Phone number d) Email
3. When we receive your complaint, we will respond with an acknowledgement. Any further possible action, as well as the scope and timing of further action, will be determined based on the nature of the complaint and the requirements of MS §62J.536, Subd. 2b.



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See the Complaint Form Instructions page for additional instructions

Today's date: _____

Your Information

Your Name: _____ Organization Name: _____

Email: _____ Phone Number: _____

Who (or what organization, e.g. health care clearinghouse, health plan, or covered health care provider) are you filing this complaint against?

Organization Name: _____

Phone Number: _____ Contact Name: _____

Date this alleged violation occurred: _____

Describe, in detail, the alleged violation.

You may attach additional pages as needed. Please enclose copies of any additional documents that may help MDH understand your complaint, as indicated on the Complaint Form Instructions.

Minnesota Department of Health
Center for Health Information Policy & Transformation (CHIPT)
PO Box 64882
St. Paul, MN 55164-0975
651-201-3573
health.asaguides@state.mn.us
www.health.state.mn.us

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To obtain this information in a different format, call: 651-201-5000.