

**NORTH DAKOTA DEPARTMENT OF HEALTH AND HUMAN SERVICES
NOTICE OF PRIVACY PRACTICES FOR
BEHAVIORAL HEALTH CLINICS AND NORTH DAKOTA STATE HOSPITAL
Effective February 1, 2026**

**THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND
DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW THIS
NOTICE CAREFULLY.**

The North Dakota Department of Health and Human Services (HHS) provides integrated mental health and substance use disorder services through our regional behavioral health clinics and the North Dakota State Hospital (listed below). When we say “behavioral health care facilities” we mean all behavioral health clinics and the North Dakota State Hospital, individually and collectively.

HHS is committed to protecting the privacy of your health information. This Notice of Privacy Practices (Notice) describes the legal duties and privacy practices of the behavioral health care facilities with respect to Protected Health Information (PHI), how PHI may be used and disclosed, and your rights regarding PHI.

PHI is information about you, including demographic information, that may identify you and that relates to your past, present, or future physical or mental health or condition; the provision of health care services; or the past, present, or future payment for the provision of health care to you.

Behavioral Health Care Facilities

Northwest Behavioral Health Clinic
316 2nd Avenue West
Williston, ND 58802
(800) 231-7724

North Central Behavioral Health Clinic
1015 South Broadway, Suite 18
Minot, ND 58701
(888) 470-6968

Lake Region Behavioral Health Clinic
200 Highway 2 West
Devils Lake, ND 58301
(888) 607-8610

Northeast Behavioral Health Clinic
151 South 4th Street, Suite 401
Grand Forks, ND 58201
(888) 256-6742

Southeast Behavioral Health Clinic
2624 9th Avenue South
Fargo, ND 58103
(888) 342-4900

South Central Behavioral Health Clinic
520 3rd Street Northwest
Jamestown, ND 58401
(800) 260-1310

West Central Behavioral Health Clinic
1237 West Divide Avenue, Suite 5
Bismarck, ND 58501
(888) 328-2662

Badlands Behavioral Health Clinic
1463 I-94 Business Loop East
Dickinson, ND 58601
(888) 227-7525

North Dakota State Hospital
2605 Circle Drive
Jamestown, ND 58401
(855) 674-7314

Uses and Disclosures of PHI With Authorization

Generally, your PHI may be used or disclosed when you give your authorization to do so in writing, on a form that specifically meets the requirements of applicable laws and regulations.

Uses and Disclosures of PHI Without Authorization

The following describes the different ways HHS is permitted or required to use or disclose your PHI without your written authorization.

Treatment. PHI may be used and disclosed to provide treatment, care coordination, and treatment-related services to you. For example, PHI may be disclosed to another health care provider who needs the information to provide treatment to you.

Payment. PHI may be used and disclosed to bill and collect payment for treatment and treatment-related services that you receive. For example, PHI may be disclosed to your health plan to determine if the health plan will pay for your treatment.

Health Care Operations. PHI may be used or disclosed for the purpose of health care operations that include internal administration, planning, and various activities that improve the quality and effectiveness of treatment and services. For example, PHI may be used to evaluate the quality and competence of clinical providers.

Appointment Reminders, Treatment Alternatives, and Health Related Benefits and Services. PHI may be used and disclosed to contact you to remind you of an appointment and to tell you about treatment alternatives or health-related benefits and services that may be of interest to you.

To Business Associates. PHI may be disclosed to business associates that perform services on behalf of HHS through contracts or agreements. These contracts and agreements contain requirements that safeguard PHI.

Permitted or Required by Law. PHI may be used and disclosed if permitted or required by state or federal laws or regulations.

Public Health Activities. PHI may be disclosed to local, state, or federal public health agencies authorized by law to receive the PHI for the purpose of preventing or controlling disease, injury, or disability; to keep vital statistic records such as data about births and deaths; and to report reactions to medications or problems with products to the federal Food and Drug Administration.

Health Oversight Activities. PHI may be used and disclosed to other divisions of HHS and with other agencies for oversight activities as required by law. Examples of oversight activities include audits, inspections, investigations, and licensing activities.

Judicial and Administrative Proceedings. PHI may be disclosed if HHS is a party to litigation or potential litigation; to comply with a court order or court-ordered warrant, a subpoena or summons issued by a judicial officer, or a grand jury subpoena; in response to an administrative request, administrative subpoena or summons, civil or authorized investigative demand, or similar process authorized under law.

Law Enforcement or Other Agencies. PHI may be disclosed to government agencies authorized under law to receive reports of abuse, neglect, or domestic violence. PHI may be disclosed to law enforcement: (1) In response to a court order, subpoena, warrant, summons, or similar process; (2) To identify or locate a suspect, fugitive, material witness, or missing person; (3) About a victim of a crime even if, under certain limited circumstances, the victim's agreement cannot be obtained; (4) About a death believed to be the

result of criminal conduct; (5) Regarding a crime committed on HHS premises or against HHS personnel; (6) To identify or apprehend an individual who has admitted participation in a violent crime causing serious physical harm; and (7) To identify or apprehend an individual who escaped from lawful custody.

To Coroners, Medical Examiners, and Funeral Directors. PHI may be disclosed to a coroner, medical examiner, or funeral director to carry out their duties authorized by law.

Organ Donations. If you are an organ donor, PHI may be disclosed to an organization that procures banks, or transports organs for the purpose of an organ, eye, or tissue donation and transplantation.

Research. PHI may be disclosed under limited circumstances where the PHI will be protected by the researchers.

To Avert a Serious Threat to Health or Public Safety. PHI may be disclosed if it is necessary to prevent or lessen a serious and imminent threat to the health or safety of an individual or the public.

National Security and Protection of the President. PHI may be disclosed to an authorized federal official or other authorized person for the purpose of national security, providing protection to the President, or to conduct special investigations as authorized by law.

Military and Veterans. If you are a member of the armed forces, PHI may be disclosed as required by military command authorities. If you are a member of a foreign military, PHI may be disclosed to the appropriate foreign military authority. If you are a Veteran, PHI may be disclosed to the Department of Veteran Affairs to determine eligibility of benefits.

Correctional Facilities. If you are an inmate of a correctional facility or in the custody of a law enforcement official, PHI may be disclosed to the correctional institution or law enforcement official if the disclosure is necessary to provide you with health care, protect your health and safety or the health and safety of others, or for the safety and security of the correctional facility or law enforcement official.

To Other Government Agencies Providing Benefits or Services. PHI may be disclosed to government agencies or programs that provide similar benefits or services if the disclosure is necessary to coordinate the delivery of benefits or services or improve the ability to administer or manage HHS programs.

Worker's Compensation. PHI may be disclosed to worker's compensation programs that provide benefits to work-related injuries or illness.

Uses and Disclosures of PHI Requiring Authorization

The following uses and disclosures of PHI require written authorization: (1) Marketing purposes; (2) Sale of PHI; and (3) Psychotherapy notes in limited circumstances. HHS does not maintain a public client directory.

Other Uses and Disclosures of PHI

Except for the uses and disclosures described in this Notice and as authorized, required, or permitted by law or regulation, PHI will only be used and disclosed with your written authorization.

You have the right to cancel or revoke an authorization you signed for the use or disclosure of PHI, except to the extent HHS has already acted based on your authorization. Your request must be in writing using HHS' "Revocation of Authorization to Disclose Information" form (SFN 91). The form can be obtained from the behavioral health care facility you are receiving health care services from or viewed and downloaded from HHS' HIPAA Privacy webpage (hhs.nd.gov/hipaa).

In Certain Situations, You Can Tell HHS Your Choices About What PHI HHS May Disclose. With your verbal permission or if HHS reasonably expects that you do not disagree, you are incapacitated or not available, or professional judgement determines it is in your best interest, HHS may disclose PHI in the following circumstances:

1. Individuals Involved in Care or Payment for Care. PHI may be disclosed to a family member, relative, friend, or other person whom you have identified to be involved in your health care or payment for your health care.
2. Notification Purposes. PHI may be disclosed to identify, locate, and notify family members, guardians, or anyone else responsible for your care, of your location, general condition, or death.
3. Disaster Relief Purposes. PHI may be disclosed to organizations such as the American Red Cross, authorized by law to assist in disaster relief efforts, for the purpose of coordinating the notification of family members or other persons involved in your care, of your location, general condition, or death. Your permission is not required in this situation if doing so would interfere with our ability to respond to the emergency.

If you have a preference for how your PHI is disclosed in the situations described above, contact the behavioral health care facility you are receiving health care services from.

Your Rights Regarding PHI

You may exercise your rights only in writing in the form and manner approved by HHS, unless HHS waives the written requirement. Forms can be obtained from the behavioral health care facility where you are receiving health care services from or viewed and downloaded from HHS' [HIPAA Privacy webpage](https://www.hhs.gov/hipaa/privacy-webpage) (hhs.nd.gov/hipaa).

See or Obtain a Copy of PHI. You have the right to see and obtain a copy of your PHI, and request that HHS sends a copy of your PHI directly to a third party. You have the right to request a copy in electronic form or format. If the form and format are not easily created, HHS will work with you to provide it in a reasonable form or format. HHS will provide a summary of your PHI if you agree. Your request must be in writing. HHS may charge a fee associated with your request. HHS is not required to allow you to see or copy psychotherapy notes or PHI we prepare for use in legal actions or proceedings.

Amend PHI. If you believe your PHI is incorrect or incomplete, you may request that it be changed as long as HHS maintains the PHI. Your request must be in writing and include the reason why a change should be made. HHS may deny your request if the PHI was not created by us, is excluded from the PHI you are permitted to see or copy, or HHS believes the PHI to be accurate and complete. HHS will notify you of our decision in writing.

Request a Restriction. You have the right to request that HHS limit how your PHI is used and disclosed for treatment, payment, or health care operations. Your request must be in writing. HHS is not required to agree to your request unless you are requesting to restrict the use and disclosure of your PHI to a health plan (non-Medicaid) for payment or health care operations, and the PHI you wish to restrict pertains solely to a health care item or service for which you have paid out-of-pocket, in full, the non-sliding fee. If HHS approves your request, we will comply with your request unless the PHI is needed to provide you with emergency treatment or the disclosure is required by law. You will be notified of our decision in writing.

Request an Accounting of Disclosures. You have the right to request a list of disclosures HHS makes of your PHI. The list will not include disclosures made for treatment, payment, health care operations, or that you authorized in writing. Your request must state a time period for the disclosures, which may not be

longer than six (6) years prior, as long as HHS maintains the PHI. HHS will provide one list free of charge per year upon request.

Request Confidential Communications. You may request HHS communicate with you about health matters in a certain way or at a certain location. For example, you can ask that HHS contact you at your workplace or by email. Your request must be in writing and specify how or where you wish to be contacted. HHS will accommodate reasonable requests.

Request a Paper Copy of This Notice. You have the right to request a paper copy of this Notice at any time by contacting the behavioral health care facility you are receiving health care services from to request a paper copy. You may also view and download a copy of this Notice from [HHS' HIPAA Privacy webpage](http://hhs.nd.gov/hipaa) (hhs.nd.gov/hipaa).

Fundraising. You have right to opt out of fundraising contacts. However, HHS does not engage in fundraising activities.

Our Responsibilities

HHS is required by law to maintain the privacy of PHI. HHS will let you know promptly if a breach occurs that may have compromised the privacy of your unsecured PHI. HHS is required to abide by the terms of this Notice, currently in effect. HHS reserves the right to change the terms of this Notice at any time. HHS also reserves the right to make the revised Notice effective for all the PHI that HHS maintains. If HHS makes changes to this Notice, the new notice will be posted in our behavioral health care facilities, a copy will be available at all our behavioral health care facilities, and it may be viewed and downloaded from [HHS' HIPAA Privacy webpage](http://hhs.nd.gov/hipaa) (hhs.nd.gov/hipaa).

For More Information

If you have questions or would like additional information regarding this Notice, please contact:

HIPAA Privacy Officer
North Dakota Department of Health and Human Services
State Capitol
600 East Boulevard Avenue, Dept. 325
Bismarck, ND 58505-0250
Toll-free (800) 472-2622
TTY toll-free (800) 366-6888
Email: dhslau@nd.gov

To File a Complaint

If you believe that your privacy rights have been violated with respect to you PHI, you may file a complaint with the HIPAA Privacy Officer. All complaints must be made in writing using HHS' "HIPAA-Part 2 Privacy Complaint" form (SFN 1983). The form can be obtained from the behavioral health care facility where you are receiving health care services from, from the HIPAA Privacy Officer, or viewed and downloaded from [HHS' HIPAA Privacy webpage](http://hhs.nd.gov/hipaa) (hhs.nd.gov/hipaa). Mail or email the completed SFN 1983 form and any relevant documents to:

HIPAA Privacy Officer
North Dakota Department of Health and Human Services
State Capitol
600 East Boulevard Avenue, Dept. 325

NOTICE OF PRIVACY PRACTICES FOR BEHAVIORAL HEALTH CLINICS AND NDSH
NORTH DAKOTA DEPARTMENT OF HEALTH AND HUMAN SERVICES
DN 908 (2-2026)

Bismarck, ND 58505-0250
Toll-free: (800) 472-2622
TTY toll-free: (800) 366-6888
Email: dhslau@nd.gov

You may also file a complaint with the U.S. Department of Health and Human Services:

Office for Civil Rights Centralized
Case Management Operations
200 Independence Avenue Southwest
Suite 515F, HHH Building
Washington, D.C. 20201
Customer Response Center: (800) 368-1019
Fax: (202) 619-3818
TDD: (800) 537-7697
Email: ocrmail@hhs.gov

There will be no retaliation against you for filing a complaint.

This Notice supplements the information in HHS' HIPAA Notice of Privacy Practices and describes the additional protections for Substance Use Disorder Records.

NOTICE OF PRIVACY PRACTICES OF THE NORTH DAKOTA DEPARTMENT OF HEALTH AND HUMAN SERVICES (HHS) BEHAVIORAL HEALTH CLINICS AND NORTH DAKOTA STATE HOSPITAL

This notice describes:

- HOW HEALTH INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED
- YOUR RIGHTS WITH RESPECT TO YOUR HEALTH INFORMATION
- HOW TO FILE A COMPLAINT CONCERNING A VIOLATION OF THE PRIVACY OR SECURITY OF YOUR HEALTH INFORMATION, OR OF YOUR RIGHTS CONCERNING YOUR INFORMATION

YOU HAVE A RIGHT TO A COPY OF THIS NOTICE (IN PAPER OR ELECTRONIC FORM) AND TO DISCUSS IT WITH THE HHS HIPAA PRIVACY OFFICER TOLL-FREE: (800) 472-2622, TTY TOLL-FREE: (800) 366-6888 OR DHSLAU@ND.GOV.

The North Dakota Department of Health and Human Services (HHS) provides substance use disorder services through our regional behavioral health clinics and the North Dakota State Hospital (listed below). When HHS says "behavioral health care facilities" we mean all behavioral health clinics and the North Dakota State Hospital, individually and collectively.

Certain records regarding diagnosis, treatment, and referral for treatment of a substance use disorder are protected under the federal law, 42 C.F.R. Part 2, the Confidentiality of Substance Use Disorder Patient Records ("Part 2"). If you receive treatment for a substance use disorder from a behavioral health care facility, your substance use disorder records are protected by Part 2. Part 2 requires HHS to maintain the privacy of your substance use disorder records, to outline HHS' privacy practices with respect to your substance use disorder records, and to notify you of any breach of your unsecured substance use disorder records.

NOTICE OF PRIVACY PRACTICES FOR BEHAVIORAL HEALTH CLINICS AND NDSH
NORTH DAKOTA DEPARTMENT OF HEALTH AND HUMAN SERVICES
DN 908 (2-2026)

316 2nd Avenue West
Williston, ND 58802
(800) 231-7724

1015 South Broadway, Suite 18
Minot, ND 58701
(888) 470-6968

Lake Region Behavioral Health Clinic
200 Highway 2 West
Devils Lake, ND 58301
(888) 607-8610

Northeast Behavioral Health Clinic
151 South 4th Street, Suite 401
Grand Forks, ND 58201
(888) 256-6742

Southeast Behavioral Health Clinic
2624 9th Avenue South
Fargo, ND 58103
(888) 342-4900

South Central Behavioral Health Clinic
520 3rd Street Northwest
Jamestown, ND 58401
(800) 260-1310

West Central Behavioral Health Clinic
1237 West Divide Avenue, Suite 5
Bismarck, ND 58501
(888) 328-2662

Badlands Behavioral Health Clinic
1463 I-94 Business Loop East
Dickinson, ND 58601
(888) 227-7525

North Dakota State Hospital
2605 Circle Drive
Jamestown, ND 58401
(855) 674-7314

HHS will use and disclose your substance use disorder records in accordance with this Notice and will not use or disclose your substance use disorder records for any reason not described in this Notice without your written authorization.

In general, HHS may only use and disclose your substance use disorder records with your written authorization using a form that specifically meets the requirements of Part 2. However, Part 2 permits HHS to disclose your substance use disorder records without your written authorization in the limited circumstances described in this Notice.

Minor Patients

Federal laws and regulations, along with North Dakota State Law, restrict the disclosure of information regarding a minor, 14 years of age or older with sufficient capacity, unless the minor has consented in writing to the disclosure. This includes any disclosure of patient identifying information to the parent or guardian of a minor, 14 years of age or older, for the purpose of obtaining financial reimbursement.

Federal laws and regulations, along with North Dakota State law, restrict the disclosure of information regarding a minor, 13 years of age or younger with sufficient capacity, unless both the minor and his or her parent, guardian, or other person authorized under state law to act on the minor's behalf, have consented in writing to the disclosure.

Part 2, along with North Dakota State law, restricts the disclosure of substance use disorder records regarding a minor, 13 years of age or younger with sufficient capacity, unless both the minor and the parent, guardian, or other person authorized under state law to act on the minor's behalf have authorized the disclosure in writing.

Uses and Disclosures of Substance Use Disorder Records

HHS will obtain your written authorization to use and disclose your substance use disorder records unless we are permitted to use or disclose your substance use disorder records under Part 2. The following

categories describe the ways that HHS may use and disclose your substance use disorder records without your written authorization under Part 2.

Within HHS Behavioral Health Care Facilities. Personnel who have a need for your substance use disorder records in connection with their duties that arise out of the provision of diagnosis, treatment, or referral for treatment may use and share your information. In addition, HHS may share your substance use disorder records with the entity that has direct administrative control over our substance use disorder program.

Medical Emergency. HHS may use or disclose your substance use disorder records with health care providers when it is necessary to meet a bona fide medical emergency in which your prior written authorization cannot be obtained, or when your health may be threatened by an error in the manufacture, labeling, or sale of a product under the control of the United States Food and Drug Administration (FDA).

Business Associates/Qualified Service Organizations. HHS may disclose your substance use disorder records to “qualified service organizations” that perform various services on behalf of HHS, such as data processing, bill collecting, dosage preparation, laboratory analyses, or legal, accounting, population health management, medical staffing, or other professional services, who agree to protect the privacy of your substance use disorder records.

Legal Proceedings. Substance use disorder records, or testimony relaying the content of such records, will not be used or disclosed in any civil, administrative, criminal, or legislative proceedings against you unless based on specific written authorization or a court order. Substance use disorder records may only be used or disclosed based on a court order after you or the record holder is provided notice and an opportunity to be heard, where required by 42 U.S.C. 290dd-2 and 42 C.F.R. Part 2, Subpart E. A court order authorizing use or disclosure must be accompanied by a subpoena or other similar legal mandate compelling disclosure before the substance use disorder records are used or disclosed.

Research. HHS may use and disclose your substance use disorder records for research purposes if it is determined that one or any combination of the following is true:

- The recipient of the information is a HIPAA covered entity or business associate of a HIPAA covered entity and an authorization has been obtained, or the authorization requirement has been waived under the HIPAA Regulations;
- The research is conducted in accordance with the U.S. Department of Health and Human Subjects policy on the protection of human subjects research (45 CFR Part 46); or
- The research is conducted in accordance with the FDA requirements regarding the protection of human subjects research (21 CFR Parts 50 and 56).

Audits. HHS may disclose your substance use disorder records to entities who are legally permitted to perform audits of our facilities, such as government regulators. Those entities are required to maintain the privacy of your substance use disorder records.

Deceased Persons. HHS may disclose substance use disorder records relating to the cause of death of a patient under laws requiring the collection of death or other vital statistics or permitting inquiry into the cause of death.

Reporting Crime on HHS Premises or Against HHS Personnel. HHS may disclose your substance use disorder records to law enforcement if your records are related to your commission of a crime on HHS premises, against HHS personnel, or the threat to do either. Any disclosure for this purpose will be limited to circumstances of the incident, your name, address, and last known whereabouts.

Reporting Child Abuse or Neglect. HHS may disclose your substance use disorder records when it is necessary to report incidents of suspected child abuse or neglect to the appropriate state or local authorities.

De-identified Information. HHS may disclose your de-identified information as permitted by law, including for public health purposes.

Single Authorization For All Future Uses or Disclosures For Treatment, Payment, and Health Care Operations. You may provide a single authorization for all future uses and disclosures of your substance use disorder records for treatment, payment, and health care operations (TPO) purposes. Substance use disorder records that are disclosed to a part 2 program, HIPAA covered entity, or business associate of a HIPAA covered entity pursuant to your written authorization for treatment, payment, and health care operations may be rediscovered by that part 2 program, HIPAA covered entity, or business associate of a HIPAA covered entity without your written authorization to the extent the HIPAA Regulations permit such disclosure.

Substance Use Disorder Counseling Notes. HHS will not use or disclose substance use disorder counseling notes without your written authorization except as permitted by Part 2.

Your Rights Regarding Substance Use Disorder Records

You may exercise your rights only in writing in the form and manner approved by HHS. Forms may be obtained from the behavioral health care facility where you are receiving substance use disorder services from or viewed and downloaded from [HHS' HIPAA Privacy webpage](https://hhs.nd.gov/hipaa) (hhs.nd.gov/hipaa). Forms should be returned to the behavioral health care facility you are receiving substance use disorder services from.

You have the following rights regarding your substance use disorder records:

1. The right to request restrictions of disclosures of your substance use disorder records made with prior written authorization for purposes of treatment, payment, and health care operations;
2. The right to request restrictions of disclosures of substance use disorder records to your health plan for services for which you or someone on your behalf other than a health plan has paid in full, on a non-sliding fee scale;
3. The right to obtain a paper or electronic copy of this Notice upon request. A paper or electronic copy may be obtained from the behavioral health care facility where you are receiving substance use disorder services from or viewed and download from [HHS' HIPAA Privacy webpage](https://hhs.nd.gov/hipaa) (hhs.nd.gov/hipaa).
4. The right to discuss this Notice with the HIPAA Privacy Officer;
5. The right to elect not to receive fundraising communications. However, HHS does not engage in fundraising activities; and
6. The right to cancel or revoke your written authorization except to the extent that HHS has already relied upon your authorization and used or disclosed your substance use disorder records. Your request must be in writing using HHS' "Revocation of Authorization to Disclose Information" form (SFN 91). The form can be obtained from the behavioral health care facility where you are receiving substance use disorder services from or viewed and downloaded from [HHS' HIPAA Privacy webpage](https://hhs.nd.gov/hipaa) (hhs.nd.gov/hipaa).

Revisions to This Notice of Privacy Practices

HHS reserves the right to change the terms of this Notice of Privacy Practices as it pertains to substance use disorder records and to make the new Notice of Privacy Practices provisions effective for records that HHS maintains. In the event that HHS changes the terms of this Notice of Privacy Practices, HHS will post a current copy in our behavioral health care facilities and on [HHS' HIPAA Privacy webpage](https://hhs.nd.gov/hipaa) (hhs.nd.gov/hipaa).

Complaints

If you believe that your privacy rights have been violated with respect to your substance use disorder records, you may file a complaint with the HIPAA Privacy Officer. All complaints must be made in writing using HHS' "HIPAA-Part 2 Complaint" form (SFN 1983). The form can be obtained from the behavioral health care facility you are receiving substance use disorder services from, from the HIPAA Privacy Officer, or viewed and downloaded from [HHS' HIPAA Privacy webpage](https://hhs.nd.gov/hipaa) (hhs.nd.gov/hipaa). Submit the completed SFN 1983 form and any relevant documents to:

HIPAA Privacy Officer
North Dakota Department of Health and Human Services
State Capitol
600 East Boulevard Avenue, Dept. 325
Bismarck, ND 58505-0250
Toll-free: (800) 472-2622
TTY toll-free: (800) 366-6888
Email: dhslau@nd.gov

You may also file a complaint with the U.S. Department of Health and Human Services:
Office for Civil Rights
Centralized Case Management Operations
200 Independence Avenue Southwest
Suite 515F, HHH Building
Washington, D.C. 20201
Customer Response Center: (800) 368-1019
Fax: (202) 619-3818
TDD: (800) 537-7697
Email: ocrmail@hhs.gov

There will be no retaliation against you for filing a complaint.