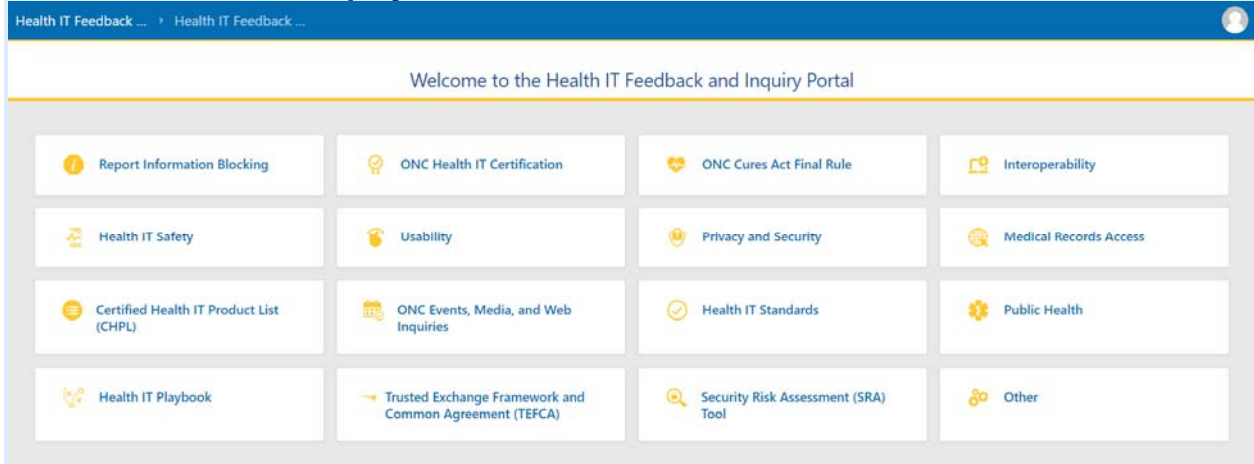


Health IT Feedback & Inquiry Portal → <https://inquiry.healthit.gov/support/plugins/servlet/desk/portal/2>



Report Information Blocking

In your submission, please consider including information that will help us understand the concern(s) you are reporting. Examples of information that would be particularly helpful would include, but not be limited to:

- Person or entity that requested access, exchange, or use of electronic health information (EHI)
 - Role of person/entity (e.g., patient, health care provider, health information network/exchange (HIN/HIE), health IT developer of certified health IT)
 - Date and time of request
 - Location of requestor (city, state)
-
- Type of EHI requested (e.g., lab result, medical history, diagnostic images)
-
- Type/purpose of request (e.g., patient request to access his/her records; health care provider request to export patient records from a different health care provider)
-
- Health IT being used by the requestor (e.g., system and version)
-
- Person or entity that denied/did not fulfill the request to access, exchange, or use EHI
 - Role of person/entity (e.g., health care provider, HIN/HIE, health IT developer of certified health IT)
 - Date and time the request was denied/not fulfilled
 - Location of person/entity (city, state)
-
- Health IT being used by the person or entity that denied/did not fulfill the request to access, exchange, or use EHI (e.g., system and version)

- Reason/response provided for why the request to access, exchange, or use EHI was denied/not fulfilled
 - Date and time the request was denied/not fulfilled
 - Date and time the reason/response was provided to the requestor

- Any additional information that may help us understand your concern(s)

- If you believe that a [HIPAA covered entity or business associate](#) violated your (or someone else's) health information privacy rights or committed another violation of the HIPAA Privacy, Security or Breach Notification Rules, please file your complaint directly with The [HHS Office for Civil Rights](#).

- As specified by the Cures Act, information blocking claims and information received by ONC in connection with a claim or suggestion of information blocking are generally protected from disclosure under the Freedom of Information Act.

You are NOT required to submit any personally identifying information in order to submit feedback. If you want to remain anonymous to ONC, please click the "yes" on the submission form.

Do you wish to remain anonymous to ONC?

- Yes
- No

First Name, Last Name, Email Address, & Description Fields

- In order to keep your personal information as protected as possible, we encourage you not to send us any information in any medical record or designated record set that can be used to identify you or others and that was created, used, or disclosed in the course of providing a health care service such as diagnosis or treatment or health care payment.
- We also encourage you not to send ONC any of the following identifiers: home address, social security or other national identification number (such as an insurance card number), passport number, IP address, driver's license number, credit card numbers, date of birth, birthplace, genetic information, login name, screen name, nickname, or handle, fax number, medical record numbers, health plan beneficiary numbers, device identifiers and serial numbers, biometric identifiers, including finger and voice prints, and full face photographic images and any comparable images (such as a MRI or x-rays).
- Attachments are limited to 10MB.