**Dispute Instructions:**

1. **Send PART 1 of HIPAA System to CREDIT BUREAUS** 
   * You need to send PART 1 & 2 on the **SAME** day
     + Part 1 goes to **Credit Bureaus**
     + Part 2 goes to **Collection Agency** (do not include ID or any other information on this letter. TYPE your name, do not sign)**.**
   * I’ve had the most success by challenging **ONE** medical bill per **HIPAA System**, *unless* you have multiple medical collections with the **SAME** collection agency/ Medical provider.
   * Include a copy of your ID in the envelope with this letter and proof of residency.
   * Date all letters

2. Send **PART 2** of **THE HIPAA SYSTEM** to the **COLLECTION AGENCY**

* + Send this the same day as you send Part 1.
    - Do **NOT** include ID or name-signatures in this letter

3. Send **HIPAA Follow up Letter** (If needed) to **Collection Agency** & **Credit Bureaus** within **15** business days of receiving their response.

Note: Certified mail is **NOT** required but encouraged on all letters going to the **COLLECTION AGENCY** only.

**CREDIT BUREAU ADDRESSES**

* **Equifax**

P.O. BOX 740256

Atlanta, GA 30374-0256

* **Experian**

P.O. BOX 4500

Allen, TX 75013

* **TransUnion**

P.O BOX 2000

Chester, PA 19016

**NOTE: THESE ARE TEMPLATES, THEY ARE MEANT TO BE PERSONALIZED**

Please amend each letter to fit your specific situation and delete what does not apply to you.

Print and send the letter.

Keep a copy for your records.

**PART 1 - CREDIT BUREAUS - Please delete before printing/mailing**

Date

Your Name

Your Address

City, State, Zip Code

Credit Bureau Name

Credit Bureau Address

City, State Zip Code

To Whom It May Concern,

I recently obtained a copy of my credit report and you are currently reporting debt to my credit report and as allowed under the Fair Debt Collection Practices Act, I am requesting that you allow me to validate the alleged debt. Please provide me with a breakdown of all charges, dates of service and procedures given including fees associated.

Additionally, I am allowed under the HIPAA law (Health Insurance Portability and Accountability Act of 1996), to protect my privacy and medical records from third parties. I do not recall giving permission for **(NAME OF ORIGINAL CREDITOR**) to release my medical information to a third party I am aware that the HIPAA does allow for limited information about me but anything more is to only be revealed with the patient’s authorization, therefore my request is twofold and as follows;

**Validation of Debt and HIPAA Authorization**

- Please provide a breakdown of fees including any collection costs and medical charges

- Provide a copy of my signature with the provider of service to release my medical information to you

* Cease any credit bureau reporting until debt has been validated by me

Please send this information to my mailing address listed above and accept this letter as my formal debt validation request, which I am allowed under the FDCPA.

Please note that withholding the information you received from any medical provider in an attempt to be HIPAA compliant can be a violation of the FDCPA because you will be deceiving me after my written request. I request full documentation of what you received from the provider of service in connection with this alleged debt.

Additionally, and reporting this debt to the credit bureaus prior to allowing me to validate it may be a violation of the Fair Credit Reporting Act, which can allow me to seek damages from your collection agency. I will await your reply with the above requested proof. Per the standard, you have 30 days in which to respond to this request, or this debt will be considered invalid, and removal from the credit bureau’s expected or damages will be sought after.

All accounts in dispute listed below:

* **COLLECTION ACCOUNT NAME - PARTIAL ACCOUNT NUMBER**

Best Regards,

Your Name Typed

**PART 2 - COLLECTION AGENCY - Please delete before printing/mailing**

Date

Your Name

Your Address

City, State, Zip Code

Collection Agency Name

Collection Agency Address

City, State Zip Code

To Whom It May Concern:

I am allowed under the HIPAA law (Health Insurance Portability and Accountability Act of 1996) to protect my privacy and medical records from third parties. I do not recall giving permission to **(NAME OF ORIGINAL CREDITOR)** for them to release my medical information to a third party. I understand that the HIPAA does allow for limited information about me but any details may only be revealed with the patient's authorization, therefore my request is twofold and as follows:

**Validation of Debt and HIPAA authorization**

- Please provide a breakdown of fees including any and all collection costs and medical charges

- Please provide a copy of my signature with the provider of service to release my medical information to you

- Immediately cease any credit bureau reporting until debt has been validated by me

Please send this information to my address listed above and accept this letter, sent certified mail, as my formal debt validation request.

**Please note that withholding the information you received from any medical provider in an attempt to be HIPAA compliant will be a violation of the FDCPA because you will be deceiving me after my written request. I am requesting full documentation of what you received from the provider of service in connection with this alleged debt.**

Furthermore, any reporting of this debt to the credit bureaus prior to allowing me to validate it may be a violation of the FDCPA, which can allow me to seek damages from your agency.

I await your reply with the above requested proof. Upon receiving it, I will correspond back with you by mail.

Best Regards,

Your Name Typed

**PART 3 - FOLLOW UP LETTER TO COLLECTION AGENCY - Please delete before printing/mailing**

Date

Your Name

Your Address

City, State, Zip Code

Collection Agency Name

Collection Agency Address

City, State Zip Code

To whom it may concern,

On **(Date sent HIPAA Part 1&2)** I requested you to send me a copy of the HIPAA authorization form that you are legally required to be in possession of in order to collect on my medical debt, Up until today I have not received such documents but I have received correspondence from the credit bureaus claiming you’ve seemingly “validated” my account. I want to be clear in stating, **you have not properly validated this account** and if you do not send me a copy of my HIPAA auth form you are officially in violation of my Health Insurance Portability and Accountability Act of 1996 Section 1173.

You have 15 days from the date of this letter to either send proper documentation or cease collections on this account completely. Failure to do such a thing will result in me seeking legal representation.

Best Regards,

Your Name Typed

**PART 4 - FOLLOW UP LETTER TO CREDIT BUREAU- Please delete before printing/mailing**

Date

Your Name

Your Address

City, State, Zip Code

Credit Bureau Name

Credit Bureau Address

City, State Zip Code

Last 4 of SSN:

To whom it may concern,

On **(Date sent HIPAA Part 1&2)** I requested you to properly conduct an investigation on the following account **(Account Name + Account Number)**, you are now claiming that this account is “Verified”.

I want to be clear, this is a MEDICAL ACCOUNT that is protected under the Health Insurance Portability and Accountability Act of 1996 Section 1173. By improperly verifying this account **you are compliant in violating my rights and will be held accountable if legal action does persist.**

If **(COLLECTION AGENCY)** cannot provide my HIPAA authorization for within 15 business days, **they are not legally permitted to collect on this account. Account must be deleted from my credit report as a result of their failure to be in compliance.**

Thank you for protecting my consumer rights, I look forward to your response,

Best Regards,

Your Name Typed