

HIPAA Patient COMPLAINT Form

To the Patient:

You have the right to file a complaint with us about our privacy practices or our compliance with our Notice of Privacy Practices, our Privacy Policies and Procedures, or federal or state privacy rules or law. We will not require you to waive any right you may have under federal or state privacy or other law to file your complaint, nor will filing your complaint adversely affect our treatment of you. To exercise this right, please complete, sign and date Sections A and B below, then submit this complaint to us at:

Practice: _____

Telephone: _____ Fax: _____ Cell: _____

E-mail: _____

Address: _____

You may, in addition or in the alternative to filing a complaint with us, file a complaint with the United States Department of Health and Human Services. For information on the procedures for doing that, please contact us at the above location.

SECTION A: PATIENT LODGING COMPLAINT

Name: _____

Address: _____

Phone: _____ Cell: _____ Email: _____

Patient Number: _____ Social Security Number: _____

SECTION B: PATIENT'S COMPLAINT

Please give a concise, plain statement of your complaint:

Please give a concise, plain statement of the resolution you seek for your complaint:

PATIENT'S SIGNATURE

I certify that the statements made in this complaint are true and correct to the best of my information and belief.

Signature: _____ Date: _____

If this complaint is lodged by a personal representative on behalf of the patient, complete the following:

Personal Representative's Name: _____

Relationship to Patient: _____

YOU ARE ENTITLED TO A COPY OF THIS COMPLAINT.