

HIPAA PATIENT PRIVACY COMPLAINT

Organization Name

The Health Insurance Portability and Accountability Act of 1996 (HIPAA) requires that we protect the privacy of your health information and that we notify you of the ways we use and disclose that information to other people. You also have a right to complain, in writing, about situations in which you believe we, or other organizations that work for us, have not met our responsibility to protect your health information. Our physicians and staff will not discriminate or retaliate against you because of this complaint.

Please provide us with as much detail as you can so that we can fully investigate this event and make sure we improve the way we protect your health information. You will be contacted after we have performed and reviewed an investigation.

Name	_____	Email Address	_____
Address	_____	Phone	_____
City	_____	Sate/Zip	_____

What is the best way to reach you?	
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What are the best hours to reach you?	
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Details of your complaint.

Please be as specific as possible with dates, times and any staff member names (if known) that were involved.

COMPLAINT

Enter details of your complaint here.
