



HIPAA Complaint Form

Revision
Number:
001

Tracking Number

This form is to be used to file a complaint with the Facility regarding its privacy policies and procedures, and its compliance with those policies and procedures or the federal Privacy Rule.

When this form is complete, please return it to our HIPAA Compliance Officer.

Patient Information		Requester's Information (if not the patient)	
Name		Name	
Date of Birth		Source of Legal Authority	
Phone Number		Phone Number	

Date of incident		<input type="checkbox"/> Ongoing
Time of incident		<input type="checkbox"/> Not applicable

Please describe the practice or incident about which you wish to complain:

Name and title of the person(s) involved, if known: _____

Please describe why you believe that this practice or incident was improper:

Please attach any documentation that supports your claim to this form.

I certify that the information recorded above is true to the best of my knowledge and that I have a good faith belief that such practice or incident is a violation of HIPAA or the Facility's privacy policies and procedures.

Signature	
Printed Name	
Date	