

In accordance with the Health Insurance Portability and Accountability Act of 1996 (“HIPAA”), the following form is being provided to facilitate the reporting of complaints by individuals regarding their protected health information.

I, _____ [Individual’s Name], residing at
_____ [Individual’s Address] am filing a complaint against:
_____ [Organization’s Name]

on _____ [Date of Complaint] concerning their organization’s privacy of protected health information policies and procedures, protocols and/or timeframes for response as follows:

[Describe complaint in as much detail as possible. Use additional paper if necessary.]

[Do not write below – for use by Covered Entity]

Reviewed by Privacy Officer: _____ [Name of Privacy Officer]

Date Reviewed: _____

Resolution [Describe in Detail]: _____

Date of Resolution: _____

Date Resolution communicated to individual: _____