

HIPAA: Complaint regarding Privacy Practices and Compliance Form

Patient Name: _____

Date of Birth: _____ Patient SSN: _____

Address: _____

City/State/Zip: _____

Telephone: _____

Fax: _____

This form is used to file an official complaint about Privacy Practices and Compliance.

I believe the following named entity(ies), practice(s) or individual(s):

- 1. _____
- 2. _____
- 3. _____

has/have violated the protected health information in the following manner. (Please describe any acts or decisions believed to be in violation of the Notice of Privacy Practices)

- 1. _____
- 2. _____
- 3. _____

I understand that the practice of John A. Campa III, MD will apply appropriate sanctions against named entity(ies), practice(s) or individual(s) who fail to comply with established privacy policies and procedures.

Please give a plain statement of how you would like your complaint to be solved:

ATTESTATION:

I certify that the statements made in this complaint form are true and complete to the best of my knowledge.

Signature of Patient & Date

Personal Representative of Patient & Date

Relationship to Patient