# COMPLAINT FILING FORM
## HIPAA PRIVACY

| DATE: | FILE NUMBER: |
|---|---|

You may submit your complaint to:

*Anna Scott*
*Privacy Officer*
*163 May St.*
*Bishop, CA 93514*

*NOTICE:* The information you provide here will remain confidential to the extent possible. We may need to divulge the information in order to investigate your claim. Anyone may file a complaint.

| YOUR INFORMATION | | |
|---|---|---|
| Last Name: | First Name: | MI: |
| Address: | | |
| City: | State: | Zip Code: |
| Email Address: | Daytime Phone: | Evening Phone: |
| Best Way to Reach You: | Best Hours to Reach You: | |
| **EMPLOYEES ONLY:** | | |
| Department: | Division: | Supervisor: |

| INFORMATION ABOUT YOUR COMPLAINT | |
|---|---|
| The department your complaint is against: | |
| The person your complaint is against: | |
| Date you first noticed action/violation: | |
| Date(s) action(s) occurred: | |

**DETAILS OF THE COMPLAINT:**

I have reason to believe that one or more of the following has occurred:

     The department/person has inappropriately disclosed my personal health information

     The department/person has inappropriately used my personal health information

     The department/person has inappropriately disposed of my personal health information

     The department/person has denied access to my personal health information

     The department/person has denied my amendment to my personal health information

     The department's privacy policies and procedures violate HIPAA requirements

**DESCRIBE YOUR COMPLAINT:**

Please include *what, when, who, how, where, and if you know, why* about the incident(s).  You may attach additional pages if necessary.

| 4. WITNESSES | | |
|---|---|---|
| DO YOU HAVE WITNESSES TO THE INCIDENT (s)?<br>　　　　　　　NO　　　YES | | |
| Witness Name: | Address: | Phone Number: |
| Witness Name: | Address: | Phone Number: |
| Witness Name: | Address: | Phone Number: |

| 5. RESOLUTION OF YOUR COMPLAINT |
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| Please describe how your complaint could be resolved: |

| 6. YOUR SIGNATURE |
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| The information I have provided is true and correct to the best of my knowledge.<br>SIGNATURE:　　　　　　　　　　　　　　　　　　　DATE: |