



HIPAA Complaint Form

As required by the Health Information Portability and Accountability Act (HIPAA) of 1996 you have a right to complain if you believe that the privacy of your medical information has been violated. Generally, upon receipt of a complaint, the Compliance Officer will within 15 days of receiving the complaint attempt to come to an appropriate resolution. Clinicas de Salud del Pueblo will not engage in any discriminatory or other retaliatory behavior against you because of this complaint. Please be as thorough as possible.

Please complete the section below:

Name: _____

Address: _____

Phone: _____ Email Address _____

What is the best way to reach you? _____

What are the best hours to reach you? _____

Details of your complaint: (Please be as specific as possible with dates, times and the specific policy, procedure or action taken; include the names, if anyone in the office with whom you discussed this, use the other side of this form if you need more room.)

Signature

Date

This section is to be completed by the reviewer:

Date received: _____

Reviewed by: _____

Compliance Officer: _____

Review Date: _____

Reviewer's Comments:

