

# Care America HHC

## Privacy Complaint

Date received: \_\_\_\_\_

Complaint filed by:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Telephone: \_\_\_\_\_ E:mail \_\_\_\_\_

Is the individual filing the complaint a patient:      \_\_\_ Yes      \_\_\_ No

If not: Patient name: \_\_\_\_\_

Relationship to patient: \_\_\_\_\_

Complaint description including persons, PHI involved, and date(s) of incident(s):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Follow up and disposition: \_\_\_\_\_

\_\_\_\_\_

Date complaint closed: \_\_\_\_\_ Was the complainant satisfied      \_\_\_ Yes      \_\_\_ No

If "No", explain \_\_\_\_\_

\_\_\_\_\_

Person responsible for handling the complaint:

Name: \_\_\_\_\_ Title: \_\_\_\_\_

**Use more pages if more space is needed.**