AMARILLO COLON AND RECTAL CLINIC

COMPLAINT CONCERNING PROTECTED HEALTH INFORMATION

You have the right to file a complaint with us about our privacy practices or our compliance with our Notice of Privacy Practices, our Privacy Policies and Procedures. We will not engage in any discriminatory or other retaliatory behavior against you because of this complaint. Please be as thorough and forthright as possible, and return it to our HIPAA Officer listed below.

PLEASE COMPLETE THIS SECTION

PATIENT LODGING COMPLAINT:

Name: _____ Telephone: _____

Address: _____

What is the best way to reach you?
_____

What are the best hours to reach you?
_____

PATIENT'S COMPLAINT:
Please give a concise, plain statement of your complaint. Attach any relevant documents.
_____
_____
Documents attached include:
_____
Please give a concise, plain statement of the resolution you seek for your complaint:
_____
_____
PATIENT'S SIGNATURE:
I certify that the statements made in this complaint are true and correct to the best of my information and belief.

Signed: _____ Date: _____

If not signed by the patient, please indicate relationship:
__ Parent or guardian of minor patient
__ Guardian or conservator of an incompetent patient
__ Beneficiary or personal representative of deceased patient

Name of Representative: _____

SIGNATURE OF HIPAA OFFICER: _____

Date: _____