



**TEXOMA ACO, LLC.**

**Privacy Complaint Intake Form**

Any person has the right to file a complaint if the person believes that Texoma ACO, LLC., has not adequately protected the health information entrusted to us or ensured patient rights with respect to their health information has been compromised. Reasonable efforts will be taken to protect your privacy and/or anonymity. To file a complaint, you may complete this form and return it to: Compliance Manager, Texoma ACO, LLC, 501 Midwestern Parkway East, Wichita Falls, TX 76302

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

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

\_\_\_\_\_

Phone Number: \_\_\_\_\_

Date and Time of Incident: \_\_\_\_\_

Location: \_\_\_\_\_

I am submitting a complaint about: \_\_\_\_\_

Describe Privacy Concern: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

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**Company Use:**

Date of receipt of complaint: \_\_\_\_\_

Action taken: \_\_\_\_\_

\_\_\_\_\_