

Health Information Privacy Complaint Form

Filing a complaint with the Military Medical Facility (MTF) HIPAA Privacy Officer is voluntary. However, without the information required the MTF may be unable to proceed with your complaint. We will use the information you provide to determine how we will process your complaint. Information submitted on this form is treated confidentially, and is protected under the provisions of the Privacy Act of 1974. Names or other identifying information about the individual are disclosed when it is necessary for investigation of information as permitted by law. It is illegal for a covered entity to intimidate, threaten, coerce, discriminate or retaliate against you for filing this complaint or for taking any other action to enforce your rights under the HIPAA Privacy Rule.

NAME (*Last Name, First Name, MI*): _____

WORK PHONE: _____ HOME PHONE: _____

ADDRESS: _____

SOCIAL SECURITY NUMBER: _____

CLINIC INVOLVED: _____

DATE OCCURRED: _____

DETAILS: *Describe what happened. How and why do you believe your (or someone else's) health information privacy rights were violated, or the Privacy Rule otherwise was violated? Please be as specific as possible. (Attach additional pages if needed).*

SIGNATURE: _____ DATE: _____