

# HIPAA Privacy Complaint Form

Patients have the right to make a complaint about the confidentiality and privacy of their health information. Complete this HIPAA Privacy Complaint Form and submit the form to:

Practice Name, Street Address, City, State, Postal Code

The complaint will be reviewed by an appropriate individual.

Description of complaint (include what information you believe was improperly used or disclosed, and by whom):

I, the undersigned, hereby file this notice of complaint regarding my confidential information.

\_\_\_\_\_  
(Signature of Patient)

\_\_\_\_\_  
(Signature of Parent/Guardian, when required)

\_\_\_\_\_  
(Print Name of Patient)

\_\_\_\_\_  
(Print Name of Parent/Guardian)

\_\_\_\_\_  
(Date)

**This section is to be completed by the reviewer:**

Date received: \_\_\_\_\_ Review Date: \_\_\_\_\_ Reviewed by: \_\_\_\_\_

Reviewer's comments (including recommended action):