Patient Complaint Form

This office values the privacy of its patients and is committed to ensuring that all health information is protected as required by HIPAA.

Please use the space below to document your complaint or concern. Please be assured there will no retaliation for providing this information.

Patient Name (Please print)

Patient Signature

Date

Phone: _____

See reverse side for investigation results.

Investigation Results:

Office Manager/Privacy Officer/Security Officer Date

If necessary, complete a *Breach/Incident Investigation Report* (located in the Forms section of the HIPAA Compliance Manual), and follow the related process. See the *Breach Determination and Reporting* policy in the *Privacy Plan* section of the Manual.

☐ Patient notified of results of investigation. HR issues will not be discussed with the patient.

Notified by: _____

Date: _____ Time: _____