PRIVACY COMPLAINT FORM:
Pertaining to HIPAA Privacy Violations

Form # 45028

Patient Name: ______________________

DOB: ______________________

Medical Record #: ______________________

I, ______________________ , (*print name*) am submitting a formal complaint regarding the privacy policies or procedures administered by MCHC. This complaint concerns the use and/or disclosure of health information for ______________________.
Patient Name

The incident or problem occurred on ______________________ (*date*).

- A concern about how MCHC has established and administers its privacy policies and procedures
- A concern that my privacy rights to notice, control of secondary use, accounting of disclosures, access to my records or other privacy rights have been unfairly restricted;
- A concern that my health information has been used or disclosed inappropriately; or
- Other concern

A full description of my privacy concern is provided below:

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I can be reached at ______________________.
Daytime phone number

My address for responding to this complaint is:

______________________ Street Address

______________________ Date Signed.

______________________ Signature of Person Registering Complaint

______________________ Relationship to Patient

Eff: 0806

You may follow up on the status of your complaint by contacting the MCHC Privacy Officer at (707) 472-4633.

For Official Use Only

Complaint Disposition: Check appropriate findings and enter date.

☐ Investigation Completed ____________ ☐ Determined invalid ____________

☐ Dismissed ____________ ☐ Determined to have merit ____________

SUMMARY OF INVESTIGATION:

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RESPONSE ACTION:

MCHC Staff involved in the review:

Name:____________________________ Date:____________

Name:____________________________ Date:____________

Name:____________________________ Date:____________

Name:____________________________ Date:____________