

NHC Cherry Point

HEALTH INFORMATION PRIVACY COMPLAINT

The purpose of this form is to provide an individual with the means for filing a complaint with the MTF/DTF/DTF if he/she believes that his/her (or someone else's) health information privacy rights or other Privacy Rule requirement has been violated. Standards associated with these patient rights are located in DoD regulation 6025.18. Privacy Act of 1974 applies.

COMPLAINANT INFORMATION

Name (Last, First, Mi)			
Street Address Line 1			
Street Address Line 2			
City		Home Phone	
State		Work Phone	
Country		Mobile / Alt. Phone	
Postal / Zip Code		Email Address (optional)	

Are you filing this complaint for someone else? | Yes | No

If yes, whose privacy rights do you believe were violated?

Name (Last, first, Mi)	
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INFORMATION REGARDING THE COMPLAINT

Where and when do you believe that the violation(s) of health information privacy rights occurred?

Area of Clinic	Date(s) of Violation

Brief Description of Incident(s)

How and why do you believe your health information privacy rights were violated or the Privacy rule was violated? Please be as specific as possible. (attach additional pages as needed)

Please read and Sign Below

1. Filing a complaint with the MTF/DTF/DTF is voluntary.
2. This information is collected under authority of the Privacy Rule issued pursuant to the Health Insurance Portability and Accountability Act of 1996.
3. Information submitted on this form is treated confidentially and is protected under the provisions of the Privacy Act of 1974.
4. Names or other identifying information about individuals are disclosed when it is necessary for investigation of possible health information privacy violations, for internal operations, or for routine uses, which include disclosure of information outside MTF/DTF/DTF for purposes associated with health information privacy compliance and as permitted by law. The MTF/DTF/DTF will not intimidate, threaten, coerce, discriminate or retaliate against you for filing this complaint or for taking any other action to enforce your rights under the Privacy Rule. You are not required to use this form. You may also write a letter or submit a complaint electronically to the MTF/DTF/DTF

Signature of Complaint	Date	FOR MTF/DTF/DTF USE ONLY ____ Date Complaint received by MTF/DTF/DTF ____ Date of MTF/DTF/DTF Response ____ Date Complaint File Closed
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