

HIPAA Privacy Complaint Form Of Plan

Name Of Plan:

As required by the Health Information Portability and Accountability Act of 1996 you have a right to complain about the Plan's privacy policies, procedures or actions. The Plan or the Plan Sponsor will not engage in any discriminatory or other retaliatory behavior against you because of this complaint. Please be as thorough and forthright as possible. Please complete the sections below:

Name:
Address:
Phone:
Email Address:
What is the best way to contact you?
What are the best hours to contact you?

Details of your complaint: (Please be as specific as possible with dates, times and the specific policy, procedure or action taken; include the names, if any, of anyone in the office with whom you discussed this. Use the other side of this form if you need more room.

Signature: _____ **Date:** _____

This Section To Be Completed By The Plan's Reviewer:

Date Received: _____ **Reviewed By:** _____ **Review Date:** _____

Reviewer's Comments:

INTERNAL LOG OF PRIVATE HEALTH INFORMATION DISCLOSURES (NON "TPO")

Date Of Disclosure	Name Of Requestor	Name, Address To Which Information Disclosed	What Was Disclosed	Date Of Authorization