



HIPAA PRIVACY COMPLAINT FORM

Use this form to file a complaint regarding a suspected HIPAA violation. You may mail this completed form to:

*C/NET Solutions
ATTN: Privacy Officer
2130 Center Street, Suite 301
Berkeley, CA 94704*

You may also email the completed form to: HIPAA@ASKCNET.ORG

Date: _____ Full Name: _____

Address: _____

Telephone Number: _____ Email: _____

Name of Patient: _____ Relationship to Patient: _____
(if different from above)

Describe the complaint in detail, including the date of occurrence, the name(s) of any staff involved and other witnesses (attach additional sheets if necessary):

Patient or Legal Representative Signature

Date

Internal Use

Date received: _____ Received by: _____

Complaint delivered by (circle one): Email Mail