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