

HIPAA Privacy Complaint Form

Instructions: To submit a complaint, please complete this form and return to the address listed below.

**Contact
Information**

Your First Name _____ Your Last Name _____
 Home Phone (____)_____ Work Phone (____)_____
 Street Address _____
 City _____ State _____ Zip _____
 Email Address _____

**Individual
Affected**

Are you filing this complaint for someone else? Yes No
 If yes, whose health information privacy rights do you believe were violated?
 First Name _____ Last Name _____

**Violation
Details**

Who (or what agency or organization, eg provider, health plan) do you believe violated your (or someone else's) health information privacy rights or committed another violation of the Privacy Rule?

Person / Agency / Organization _____
 Street Address _____
 City _____ State _____ Zip _____
 Phone (____)_____

When do you believe the violation of health information privacy rights occurred?

List Date(s) _____

Describe briefly what happened. How and why do you believe your (or someone else's) health information privacy rights were violated, or the privacy rule otherwise was violated? Please be as specific as possible. (Attach additional pages as needed.)

Your Signature: _____

Date: _____

To file: Save this form and email to Melissa@blackpinehealing.com or print and mail to Black Pine Holistic Healing, 1800 NW Market St, Ste 200, Seattle, WA 98107.