



Privacy Rights Complaint Form

The Health Insurance Portability and Accountability Act of 1996 requires that the Practice protect the privacy of your protected health information (PHI). If you are concerned that we have violated your privacy rights, or you disagree with a decision we made about access to or amendment of your records, you may contact the Practice's Privacy Officer, at Northern Colorado Anesthesia Professional Consultants, LLP. You also have the right to file a complaint with the Secretary of the United States Health and Human Services, Office of Civil Rights. Directions for this process may be found at www.hhs.gov/ocr/privacy/hipaa/complaints.

You will not be retaliated against for filing a complaint either with our office, or with the Office of Civil Rights.

Please provide the following information so that we may properly address your complaint:

Details of your complaint: (Please be as specific as possible with dates and times; include the name(s), if any, of any one in the office with whom you discussed your complaint. Use the other side of this form if you need more room.)

Signature

Date

FOR INTERNAL USE ONLY

Date received: _____

Date reviewed: _____

Reviewed by:

Privacy Officer

The Practice will investigate all reported violations of any privacy policy and will develop and implement a corrective plan of action to deal with these violations.