

HIPAA Privacy Complaint Form

Patients have the right to make a complaint about the confidentiality and privacy of their health information. Complete this HIPAA Privacy Complaint Form and submit the form to:

Attention: Daniel Gerow
Winthrop Eye Center
42 Woodside Avenue
Winthrop, MA 02152

The complaint will be reviewed by the privacy officer.

Description of complaint (include what information you believe was improperly used or disclosed, and by whom):

I, the undersigned, hereby file this notice of complaint regarding my confidential information.

(Signature of Patient)

(Signature of Parent/Guardian, when required)

(Print Name of Patient)

(Print Name of Parent/Guardian)

(Date)

This section is to be completed by the reviewer:

Date received: _____ Review Date: _____

Reviewed by: _____

Reviewer's comments (including recommended action):