

**EVMS Medical Group
PRIVACY COMPLAINT FORM**

As required by the Health Information Portability and Accountability Act (“HIPAA”) of 1996 you have a right to file a complaint about our privacy policies, procedures or actions. EVMS Medical Group will not engage in any discriminatory or other retaliatory behavior against you because of this complaint. Please be as thorough and forthright as possible.

Please complete the sections below:

Name:
Address:
Phone:
Email Address:
What is the best way to reach you?
What are the best hours to reach you?

Details of your complaint: (Please be as specific as possible with dates, times and the specific policy, procedure or action taken; include the names, if any, of anyone in the office with whom you discussed this. Use the other side of this form if you need more room.)

Signature

Date

Print Name: _____

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This section is to be completed by the reviewer:

Date received:	Reviewed by:
Privacy Officer:	Review Date:

Reviewer’s Comments: _____
