

TEST FOR VIRUS INC.

Patient Privacy Complaint Form

This form should only be used for complaints regarding patient privacy rights or suspected violations of patient privacy such as unauthorized use or disclosure of patient protected health information

I would like to file a complaint regarding:

Nature of Complaint: _____

My contact information in case you need to contact me or get further information is:

Patient Name: _____ **Patient ID #:** _____
Address1: _____ **Home Phone:** _____
Address2: _____ **Work Phone:** _____
City/State/Zip: _____

If I believe my privacy rights have been violated, I have the right to submit a formal complaint to Shawn Killeen at the address below. I understand I can make a complaint about the practice's policies and procedures, or the practice's compliance with its own policies and procedures. I also may file a formal complaint to the Secretary of the U.S. Department of Health and Human Services. I understand that the complaint must be in writing, describe the acts or omissions that you believe violate your privacy rights, and be filed within 180 days of when you knew or should have known that the act or omission occurred. I also understand that I will not be intimidated, threatened, retaliated or discriminated against for filing a complaint.

If you have any questions, please contact Shawn Killeen at 630-516-1799.

U.S. Department of Health and Human Services Office of the Secretary 200 Independence Avenue, S.W. Washington, D.C. 20201 Tel: (202) 619-0257 Toll Free: 1-877-696-6775 http://www.hhs.gov/contacts	TEST FOR VIRUS INC. Shawn Killeen Privacy Officer 691 Executive Dr. 630-516-1799 www.TESTFORVIRUS.com
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_____ Signature of Patient or Legal Representative	_____ Date
_____ Printed Name of Patient's Representative (if applicable)	Relationship to Patient (if applicable) <input type="checkbox"/> Parent or guardian of unemancipated minor <input type="checkbox"/> Court appointed guardian <input type="checkbox"/> Executor or administrator of decedent's estate <input type="checkbox"/> Power of Attorney

FOR OFFICE USE ONLY

Date Complaint Received _____ **Received By** _____
Date Resolved _____ **Resolved By** _____

Notes on how complaint was handled or resolved (use back of form if necessary):