

## **Contact Information and How to Report a Privacy Rights Violation**

If you have questions and/or would like additional information regarding the uses and disclosures of your Health Information, you may contact our Privacy Officer at:

Address: \_\_\_\_\_  
\_\_\_\_\_

**Attn: Privacy Officer**

Telephone: \_\_\_\_\_

Fax: \_\_\_\_\_

If you believe that your privacy rights have been violated or that we have violated our own privacy practices, you may file a complaint with the Secretary of the U.S. Department of Health and Human Services at 200 Independence Avenue, S.W., Washington, D.C. 20201. Complaints filed directly with the Secretary must be made in writing, name us, describe the acts or omissions in violation of the Privacy Rules or our privacy practices, and must be filed within 180 days of the time you knew or should have known of the violation. Complaints submitted directly to us must be in writing and to the attention of our Privacy Officer. There will be no retaliation for filing a complaint.

**The Effective Date of this Privacy Notice is \_\_\_\_\_, 2003**

**BY SIGNING BELOW, I HEREBY ACKNOWLEDGE RECEIPT OF THIS PRIVACY NOTICE.**

\_\_\_\_\_  
Printed Name of Patient

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Patient or Patient's Representative

\_\_\_\_\_  
Printed Name of Patient's Representative (if applicable)

\_\_\_\_\_  
Representative's Relationship to Patient (if applicable)

***To be completed by (Health Care Provider):***

After a good faith attempt to obtain an Acknowledgment of receipt, the patient or representative refused or was unable to sign the Privacy Notice for the following reason(s) \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Signature of (Health Care Provider) Representative

\_\_\_\_\_  
Date

**PRIVACY NOTICE**