



CONFIDENTIAL

PRIVACY/HIPAA COMPLAINT FORM

Attn: CCHC Privacy Officer, PO Box 12248, New Bern, NC 28560

As required by the Health Insurance Portability and Accountability Act of 1996 (HIPAA) you have a right to complain about CCHC's privacy policies, procedures or actions. CCHC will not engage in any discriminatory or other retaliatory behavior against you because of this complaint. Please be as thorough and forthright as possible. You may mail this form and other pertinent documentation to the address above. You may also contact the Privacy Officer by telephone at (252) 514-6685.

INDIVIDUAL FILING COMPLAINT:

Last Name: _____		First Name: _____	Middle Initial: _____
Address: _____		City/State: _____	Zip Code: _____
Daytime Telephone # (Required): () _____	Evening Telephone #: () _____	Best Hours to Reach You: _____	

INFORMATION ABOUT YOUR COMPLAINT:

Name of organization your complaint is against: _____	Name of person your complaint is against: _____
Date(s) Action(s) Occurred, if known: _____	

Details of the complaint:
I have reason to believe that one or more of the following has occurred:

- The organization/person has inappropriately disclosed my health information or other confidential personal information.
- The organization has inappropriately used my protected health information.
- The organization/person has inappropriately disposed of my health information or other confidential personal information without protecting my privacy.
- The organization/person has denied me or my personal representative access to my health information or other confidential personal information.
- The organization/person has denied my request to amend my health information.
- The organization/person has denied another privacy right.

Please provide a detailed description of your complaint covering *who, what, when, where, and why*. Include witnesses' names and contact information. You may attach additional pages if there is not enough space here:

Please describe how you believe that your privacy complaint could be resolved:

I certify that the information on this form is true and correct to the best of my information, knowledge, and belief.

(Printed Name and Signature) _____ (Date) _____