

**HIPAA/PRIVACY COMPLAINT REPORT**

Your Name: \_\_\_\_\_

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

Telephone Number: \_\_\_\_\_ Fax: \_\_\_\_\_

E-mail address: \_\_\_\_\_ Date: \_\_\_\_\_

If you are filing a complaint on someone's behalf, provide the name and address of the person on whose behalf you are filing.

Name: \_\_\_\_\_

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

**Information about Suspected Privacy Violation:**

What Huntsville Hospital Facility is suspected of privacy violation: \_\_\_\_\_

Please describe in detail the nature of your privacy complaint, including the date(s) of the incident(s), and the name(s) of any Huntsville Hospital personnel involved and other witnesses (attach additional sheets if necessary):

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

\_\_\_\_\_  
Patient or Legal Representatives' Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Relationship (if not patient)

To file a complaint with the Office for Civil Rights, access:  
<http://www.hhs.gov/ocr/privacy/hipaa/complaints/index.html>

Send to: Privacy Officer 101 Sivley Rd Huntsville AL 35801 Attn: Laura Briggs: Corp U Email: <a href="mailto:privacyofficer@hhsys.org">privacyofficer@hhsys.org</a> Fax: 256-265-4477
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