3/14/2018

MHEDS

HIPAA PATIENT PRIVACY VIOLATION

COMPLAINT FORM

Name: _____ **Date:** _____

Address: _____

Telephone:_____ **Email:** _____

Person Reporting: (If other than patient above):_____

Relationship to Patient: _____

Address: _____

Telephone #:_____ **Email:** _____

Specifics of Alleged Patient Privacy Violation:

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(Attach Additional Sheet as Needed)

MHEDS Investigation Processing:

Date Received: _____ Received by: _____

Report Received: _____In Person _____ Telephone _____ Mail (please attach)

Complaint Processing Steps:

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Conclusions:

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MHEDS Response

Complaintent: _____ Date: _____

Response Method: _____In Person _____ Telephone _____Mail

Findings:

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Chief Compliance Officer: _____ _____
Name Date

_____
Signature