

PRIVACY COMPLAINT RESOLUTION FORM

PATIENT'S LAST NAME	FIRST	M.I.
CASE NO.		
FACILITY	UNIT	

INSTRUCTIONS: GIVE A COPY OF THE FORM TO THE PATIENT! Prepare one (1) copy for the Patient's Case Record.

PRIVACY COMPLAINT RESOLUTION

DESCRIPTION OF PATIENT'S COMPLAINT (INCLUDE WHAT INFORMATION YOU BELIEVE WAS USED/DISCLOSED IMPROPERLY, AND BY WHOM:

RESOLUTION (INCLUDING RECOMMENDED ACTION):

Director/Assistant Director

DATE