

**PRIVACY COMPLAINT FORM**  
**(SEE OTHER SIDE FOR INFORMATION ABOUT**  
**FILING A COMPLAINT)**

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**

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

WHAT ACTION WOULD YOU LIKE TAKEN:

I, the undersigned, hereby file this notice of complaint regarding my confidential information.

\_\_\_\_\_  
(Signature of Patient)

\_\_\_\_\_  
(Signature of Parent/Guardian, when required)

\_\_\_\_\_  
(Print Name of Patient)

\_\_\_\_\_  
(Print Name of Parent/Guardian)

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(Date)

FACILITY ACTION:

\_\_\_ COMPLAINT REVIEWED ON \_\_\_\_\_.

\_\_\_\_\_  
Director/Assistant Director

DATE

### **Complaints and Reporting Violations**

Patients have the right to make a complaint about the Confidentiality and Privacy of their Health Information. The patient may complete a Privacy Complaint form (on reverse side of this form) and submit the form to the:

- ATC Administrator;
- Bureau of Addictions Treatment Centers, 1450 Western Avenue, Albany, NY 12203; or
- OASAS Privacy Official, , 1450 Western Avenue, Albany, NY 12203.

The complaint will be reviewed by an appropriate individual, based on the nature of the complaint. That individual will complete the Privacy Complaint Resolution form. Copies will be forwarded to OASAS Privacy Official, 1450 Western Avenue, Albany, NY 12203.

The patient may also register a complaint with the:

Office for Civil Rights  
U.S. Department of Health and Human Services,  
Jacob Javits Federal Building  
26 Federal Plaza--Suite 3313  
New York, New York, 10278

Voice Phone (212) 264-3313.  
FAX (212) 264-3039.  
TDD (212) 264-2355  
OCR Hotlines-Voice: 1-800-368-1019