

PATIENT COMPLAINT FORM

For complaints of violation of your privacy rights, including your rights under the Privacy Regulations promulgated pursuant to the Health Insurance Portability and Accountability Act of 1996 (HIPAA). You may submit your complaint to the Keck Medicine of USC Privacy Office or to the U.S. Department of Health and Human Services (DHHS) (for complaints of violation of HIPAA only).

| Privacy Office | You may file a complaint with the Secretary of the |
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| Keck Medicine of USC | U.S. Department of Health and Human Services at |
| 1510 San Pablo St, 6 th Flo | oor |
| Los Angeles, CA 90033 | U.S. Department of Health and Human Services |
| or | 200 Independence Avenue, S.W. |
| Email: Privacy@med.usc.e | edu Washington, D.C. 20201 |
| | |
| | rint name) am submitting a formal complaint regarding the privacy |
| | Keck Medicine of USC ("Keck Medicine"). This complaint concerns |
| the use and/or disclosure of health info | rmation for(patient name). |
| have reason to believe that one or mo | ore of the following has occurred: |
| ☐ Keck Medicine has inappropriat | ely disclosed by health information or other confidential personal |
| information. | |
| ☐ Keck Medicine has inappropriat | ely used my protected health information. |
| ☐ Keck Medicine has inappropriat | ely disposed of my health information or other confidential |
| information without protecting | my privacy. |
| ☐ Keck Medicine has denied me o | r my personal representative access to my health information or |
| other confidential personal info | |
| ☐ Keck Medicine has denied my re | equest to amend my health information. |
| □ Keck Medicine has denied anoth | her privacy right. |
| | s and procedures violate the law. |
| | |
| · | f your complaint (i.e., name of workforce member involved date of |
| occurrence, etc.). You may attach addit | cional pages if there is not enough space: |
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| Keck Medicine may provide a written re | esponse via email at: |
| , , | |
| | Date: |
| Signature of Person Registering Complaint | |
| | |
| Relationship to Patient | |