

Stamps Health Services

Privacy Rights Complaint Form

Any person has the right to file a complaint if the person believes that a Stamps Health Services has not adequately protected the health information entrusted to us or ensured patient rights with respect to their health information. To file a complaint, you may complete this form and return it to: **Privacy Officer, Stamps Health Services, 740 Ferst Drive NW Atlanta GA 30332.** . If you are not satisfied with the manner in which Stamps Health Services handles a complaint, you may file a written complaint with the federal government. We will not take any action against you or change our treatment of you in any way if you file a complaint. Please use the following contact information: Secretary of Health and Human Services at 200 Independence Avenue, S.W. Washington, D.C. 20201 or by calling (202) 619-0257. **We will not retaliate against you for filing a complaint.**

Please provide the following information:

Patient Name: _____ Date of Birth: _____

GTID#: _____ Phone number: _____

Address: _____

I am submitting a complaint about: (please describe the situation)

Please describe the privacy concern.

Printed Name: _____ Date: _____

Signature of patient or personal representative: _____

FOR INTERNAL USE ONLY

Received by: _____ Date: _____ Time: _____

Disposition: _____

Notification made:

By: _____ Title: _____ Date: _____ Time: _____

Method: _____