

# Satori Massage PS

## Patient Privacy Complaint Form

This form should only be used for complaints regarding patient privacy rights or suspected violations of patient privacy such as unauthorized use or disclosure of patient protected health information

I would like to file a complaint regarding:

Nature of Complaint: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

My contact information in case you need to contact me or get further information is:

Patient Name: \_\_\_\_\_ Patient ID #: \_\_\_\_\_  
Address1: \_\_\_\_\_ Home Phone: \_\_\_\_\_  
Address2: \_\_\_\_\_ Work Phone: \_\_\_\_\_  
City/State/Zip: \_\_\_\_\_

If I believe my privacy rights have been violated, I have the right to submit a formal complaint to Satori Hanson, at the address below. I understand I can make a complaint about the practice's policies and procedures, or the practice's compliance with its own policies and procedures. I also may file a formal complaint to the Secretary of the U.S. Department of Health and Human Services. I understand that the complaint must be in writing, describe the acts or omissions that you believe violate your privacy rights, and be filed within 180 days of when you knew or should have known that the act or omission occurred. I also understand that I will not be intimidated, threatened, retaliated or discriminated against for filing a complaint.

If you have any questions, please contact Satori Hanson at 360-920-0354.

<b>U.S. Department of Health and Human Services</b> Office of the Secretary 200 Independence Avenue, S.W. Washington, D.C. 20201 Tel: (202) 619-0257 Toll Free: 1-877-696-6775 <a href="http://www.hhs.gov/contacts">http://www.hhs.gov/contacts</a>	<b>Satori Massage PS</b> Satori Hanson Privacy Officer 1920 Main St. Suite 14 C Ferndale, WA. 98248 360-920-0354 360-922-6101
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\_\_\_\_\_  
Signature of Patient or Legal Representative

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name of Patient's Representative (if applicable)

**Relationship to Patient (if applicable)**

- Parent or guardian of unemancipated minor  
 Court appointed guardian  
 Executor or administrator of decedent's estate  
 Power of Attorney

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FOR OFFICE USE ONLY

Date Complaint Received \_\_\_\_\_ Received By \_\_\_\_\_

Date Resolved \_\_\_\_\_ Resolved By \_\_\_\_\_

Notes on how complaint was handled or resolved (use back of form if necessary):