

Fox Army Health Center
HEALTH INFORMATION PRIVACY CONCERN

The purpose of this form is to provide the patient with a means to report concerns or suspected violations of protected health information (PHI). Guidelines regarding use of this form are contained in MEDDAC Reg 380-5-1.

Name (Last, First, MI):	Date of Birth (DDMMYY):	Patient / Sponsor Social Security Identification Number:
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Home Phone: ()	Work Phone: ()
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Street Address:

City:	State:	ZIP Code:
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Position:

Are you filing this complaint for someone else? Yes No *(If Yes, whose health information privacy rights do you believe were violated?)*

Name (Last, First, MI):	Date of Birth (DDMMYY):	Patient / Sponsor Social Security Identification Number:
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Home Phone: ()	Work Phone: ()
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Street Address:

City:	State:	ZIP Code:
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Who do you believe violated your (or someone else's) health information privacy rights or committed another violation of the Privacy Rule? (Division/Individual's Name/Rank):

When do you believe that the violation of health information privacy rights occurred? List Date(s) (DDMMYY):

Describe briefly what happened. How and why do you believe your (or someone else's) health information privacy rights were violated, or the privacy rule otherwise was violated? Please be as specific as possible. (Attach additional pages as needed):

Do you have evidence to prove the allegations? Yes No If Yes, please describe:

Are you aware of any other individual(s) who may be able to provide further information regarding the allegations?

Yes No (If yes, please provide that individual(s) name, etc.)

Would you be willing to discuss the above allegations with a member of the Command Group or an attorney for the Federal Government?

Yes No

Please sign and date this concern.

Signature of Patient/Guardian:

Relationship to Patient (*If applicable*):

Date (DDMMYY):

Filing a concern with FAHC is voluntary. However, without the information requested above, FAHC may not be able to proceed with your complaint. We collect this information under authority of the Privacy Rule issued pursuant to the Health Insurance Portability and Accountability Act of 1996. We will use the information you provide to determine if we have jurisdiction and, if so, how we will process your complaint. Information submitted on this form is treated confidentially and is protected under the provisions of the Privacy Act of 1974. Names or other identifying information about individuals are disclosed when it is necessary for investigation of possible health information privacy violations, for internal systems operations, or for routine uses, which include disclosure of information outside the organization for purposes associated with health information privacy compliance and as permitted by law. It is illegal for a covered entity to intimidate, threaten, coerce, discriminate, or retaliate against you for filing this complaint or for taking any other action to enforce your rights under the Privacy Rule.

(The remaining information on this form is optional. Failure to answer these voluntary questions will not affect FAHC's decision to process your complaint.)

Do you need special accommodations for us to communicate with you about this complaint (check all that apply)?

- Braille Large Print Cassette tape Computer diskette Electronic mail
- Sign language interpreter (*specify language*): Foreign language interpreter (*specify language*):
- Other:

If we cannot reach you directly, is there someone we can contact to help us reach you? If so, please indicate below:

Name (Last, First, MI):	Date of Birth (DDMMYY):	Patient / Sponsor Social Security Identification Number:
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City:	State:	ZIP Code:
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E-Mail Address (*If available*):

Have you filed your complaint anywhere else? If so, please provide the following. (Attach additional pages as needed.)

Person / Agency / Organization / Court Name(s):

Date(s) Filed (DDMMYY):	Case Number(s) (<i>If known</i>):
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To mail a concern, please type or print, and return completed concern to:

**Patient Administration Division
Fox Army Health Center
ATTN: Privacy Office
4100 Goss Road
Redstone Arsenal, Alabama 35809-7000**