

3805 Adam Grubb Drive • Lake Worth, Texas 76135 • 817 237-7461

HIPAA PRIVACY COMPLAINT FORM

As required by the Privacy Regulation we must provide a process for individuals to make complaints concerning our actions, policies, or procedures. You may use this form and we may not take any retaliatory actions against you for its use.

YOUR FIRST NAME		YOUR LAST NAME				
HOME PHONE (Please include area code)		WORK PHONE (Pease include area code)				
STREET ADDRESS	CITY		STATE		ZIP CODE	
EMAIL ADDRESS (If available)						
Are you filing this complaint for someone If yes, who's Privacy of			Yes	□ No	atad?	
FIRST NAME	neaiui iiiic		'NAME	ve were vior	aleu!	
Reason(s) for this complaint: (Please proviso that we may consider all the available facts).		information	as possible and	l attach any a	ocuments to this	complaint



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Reason(s) for this complaint: (Continued)		
SIGNATURE	PRINT YOUR SIGNATURE	DATE
	LWFD USE ONLY	
RECEIVED BY	DATE	
	_	
FOLLOW-UP STARTED YES	DATE:	
_	_	