Please read the following and complete the requested information below.

You have the right to file a complaint with us about our privacy practices or our compliance with our privacy policies and procedures or federal or state privacy laws. We will investigate your complaint and provide you a written response. We will not require you to waive any right you may have under federal or state privacy laws to file your complaint, nor will filing your complaint adversely affect your treatment. We will not retaliate against you in any way for filing your complaint. In addition to, or as an alternative to filing a complaint with us, you may file a complaint with the Secretary, U.S. Department of Health and Human Services.

**Client/Patient Information:**

Name of Client/Patient Date of Birth (mm/dd/yyyy) Phone Number

Address City, State, Zip

Please give a statement of your complaint:

Please attach any supporting documentation.

Signature: Date:

If this form is completed by a parent/guardian/authorized agent on behalf of the client/patient, complete the following:

Parent/Guardian/Authorized Agent’s Name (please print)

Please check one of the following:

[ ]  Parent/Guardian

[ ]  Authorized Agent

|  |
| --- |
| For Office Use Only If Records Requested to be Inspected:Name of Inspecting Person:       Records Released for Inspection:        |

Please send the completed form and any supporting documentation to:

Records Control Officer/HIPAA Privacy & Security Officer

Dane County Department of Administration

210 Martin Luther King Jr. Blvd.

Madison, WI 53703