Pharmacy HIPAA Complaint Form

Section 1: Patient Information

Patient Name:			Date of Birth:
Address:			
City:	State:	Zip:	Phone:

Section 2: Complaint Section

(a) **Pharmacy Location** _____ (City and State) Wal-Mart / SAM'S / Neighborhood Market (Circle One)

(b) **Complaint Details**: (Please be as specific as possible with dates and times; include names of Associates you have talked to about this.) Attach any relevant documents. You may use the other side of this form if you need more space.

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(c) You may return this form to any Wal-Mart, SAM'S CLUB or Neighborhood Market Pharmacy, or mail it to Wal-Mart Stores, Inc., Attn: HIPAA Privacy, 922 West Walnut, Suite A, Mailstop # 3540, Rogers, AR 72756-3540.

Section 3: Signature and Date

_____ _____

Signature of Patient or Personal Representative — Today's Date

If you have signed this form as a legally authorized representative of the Patient, please print your name and relationship to the Patient below.

_____ _____

Name of Personal Representative (please print) — Relationship to Patient (parent, legal guardian, etc.)

For Office Use Only

Complaint Status: ☐ Responded To _____ (Date) _____ (By Whom)

☐ Documentation Attached