

ATHENS REGIONAL HEALTH SERVICES

PRIVACY COMPLAINT FORM

The purpose of this form is to help you in filing a privacy complaint with Athens Regional Health Services (ARHS). You are not required to use this form, however. You may also write a letter describing your complaint. Please type or print, returning the completed form or letter to:

ARHS Privacy Officer
Athens Regional Health Services
1199 Prince Avenue
Athens, GA 30606-2793
Phone: 706.475.4051
Fax: 706.475.3305

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Email address: _____

Are you filing this complaint for someone else? Circle YES or NO

If yes, whose health information privacy rights do you believe were violated?

Name: _____

Who do you believe violated your (or someone else's health information privacy rights or committed another violation of the Privacy Rule?

Person/agency/organization: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____

When do you believe that the violation of health information privacy rights occurred?

Date(s): _____

