

PRIVACY/VIOLATION COMPLAINT FORM

You can use this form to file a privacy complaint if you believe that Lasata Senior Living Campus has violated your or another individual's privacy rights as protected by Hipaa regulations, state law and Lasata Senior Living Campus Policy and Procedure Manual. You may also write a letter containing the same information as requested in this form.

Please mail or deliver your Privacy Complaint Form or letter to:

Attn: Privacy Officer
Lasata Senior Living Campus
W76 N677 Wauwatosa Road
Cedarburg, WI 53012

Name _____ Phone _____

Address _____

Are you filing this complaint for someone else? _____ Yes _____ No

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

Name _____

Who or what Lasata Senior Living Campus department, office or staff member violated you or someone else's health information privacy rights or committed a different violation?

When do you believe the violation occurred?

How and why do you believe you or someone else's privacy rights were violated or the HIPAA privacy rule, state law and/or Lasata Senior Living Campus Policy and Procedure Manual provision was violated? Please provide specifics and attach additional pages as needed.

Complainant

Date

Privacy Officer

Date

You may not be retaliated against for filing a complaint. Services you receive may not be affected by a complaint you make to the Privacy Officer or the Secretary at the U.S. Department of Health and Human Services, 200 Independence Ave S.W., Washington, D.C. 20201.

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