

Gordon D. Elder, DC, PA dba Blair Chiropractic Clinic
HIPAA Complaint Form

First Name: _____ Last Name: _____

Address: _____

Phone: _____ Email: _____

Are you filing this complaint for someone else? Yes No

If Yes, please provide name and contact information:

When do you believe the violation of privacy rights occurred?

Describe briefly what happened.

What would you like to happen?

- I want someone to contact me by
 - Email
 - Phone
- I do not want to be contacted.
- Other: _____

Have you filed your complaint elsewhere such as with the OCR or on HHS site?

Yes No

Signature of Complainant: _____ Date: _____

OFFICE USE ONLY

Date Reviewed: _____ Reviewer: _____

Findings: _____

Follow up Completed by: Phone Mail Email