

COMPLAINT FORM**Written Complaint****Instructions**

You may complain about Henry Mayo Newhall Memorial Hospital's privacy policies and procedures, compliance with its privacy policies and procedures, and compliance with Federal privacy requirements by submitting complaint to:

1. Henry Mayo Newhall Memorial Hospital

Complete this form and submit it personally or by mail to the Privacy Officer or designee at the address shown below:

Henry Mayo Newhall Memorial Hospital
Attn: Privacy Officer
23845 McBean Parkway
Valencia, Ca 91355

2. If you have questions or concerns please contact the HMNH Privacy Officer at (661) 200-1265

Printed Name: _____

Address: _____

Telephone Number: _____

Signature: _____ Date: _____

Complaint Information

Please provide as much detail as possible so we may appropriately investigate and resolve your complaint.

Date of Violation: _____ Time of Violation: _____ a.m./p.m.

Description of Concern:

Type of Protected Health Information Involved *Check all that apply.*

- | | | |
|---|---|--|
| <input type="checkbox"/> Demographic | <input type="checkbox"/> Financial | <input type="checkbox"/> Clinical |
| <input type="checkbox"/> Name | <input type="checkbox"/> Credit Card # | <input type="checkbox"/> Diagnosis/ Conditions |
| <input type="checkbox"/> SS# | <input type="checkbox"/> Bank Account # | <input type="checkbox"/> Lab results |
| <input type="checkbox"/> Address/ Zip | <input type="checkbox"/> Claims Information | <input type="checkbox"/> Medications |
| <input type="checkbox"/> Driver's License | <input type="checkbox"/> Other | <input type="checkbox"/> Other Treatment Info |
| <input type="checkbox"/> Date of Birth | | |
| <input type="checkbox"/> Other | | |

Individuals Involved: _____

Proposed Resolution: _____

You may also file a complaint with:

The Secretary of the U.S. Department of Health and Human Services at:

The U.S. Department of Health and Human Services

200 Independence Avenue

S.W. Washington, D.C. 20201