



Privacy Complaint Form

This form is for reporting facts pertaining to any known or suspected violation of your privacy rights. Submit this form to the Privacy Officer at:

BAPTIST HEALTH
Attn: Privacy Officer
9601 Interstate 630, Exit 7
Little Rock, Arkansas 72205-7299

If you choose to remain anonymous, you may call the Privacy Officer at (501) 202-1323 one week after submitting the complaint form to check on the outcome of the investigation.

If you choose to identify yourself, the Privacy Officer will make every effort to keep your identity confidential. Only the Privacy Officer and others designated by the Privacy Officer will have access to this report.

Please include all the facts of the suspected violation. The information you provide should include names, dates, times, places and a detailed description of the incident that led you to believe a violation of a privacy standard occurred. Please include a copy of any documentation that supports your concerns.

Today's Date: _____

Patient's Name: _____

DOB: _____ OR Case Number: _____

Describe how you think your or a patient's privacy rights have been violated: _____

Date on which violation or omission is believed to have occurred: _____

Do you know of someone who received protected health information? Yes _____ No _____

If yes, who? _____

Department where incident occurred: _____

(Print Name)

(Signature)

