



PRIVACY AND SECURITY COMPLAINT FORM

Use this form to file a privacy and security complaint with Gastro Health. You will not be required to waive any rights under federal or state or HIPAA laws or other laws to file this complaint. If you need assistance in completing this form, please call the Privacy Officer at (305) 913-0682.

WHEN COMPLETED AND SIGNED PLEASE MAIL TO: Gastro Health
Attn: Privacy Officer
9500 S. Dadeland Blvd., Suite 200
Miami, FL 33156

NOTE: THIS FORM MUST BE COMPLETED IN ITS ENTIRETY.

Section A: Please complete the information below:

_____	_____	_____
Name	Social Security Number	Date of Birth
_____	_____	
Address	City, State, ZIP	
_____	_____	
Telephone Number	E-mail address (optional)	

Section B: Please give a concise statement of your complaint:

Section C: Signature - This document must be signed by the individual, parent of minor child or the individual's Personal Representative.

I understand that I can only sign on behalf of a minor child under the age of 18, unless there is proof of legal guardianship.

Signature **Date: month/day/year**

Section D: If Section C is signed by a Personal Representative, please complete the information below:

If you are signing as a Power of Attorney, Legal Guardian, Executor, or Administrator attach a copy of the Legal documents. You do **NOT** have to attach copies of these documents if they are already on file with Gastro Health.

_____	_____
Personal Representative's Name	Relationship to Individual
_____	_____
Personal Representative's Address	City, State, ZIP
_____	_____
Personal Representative's Telephone Number	Personal Representative's E-mail address (optional)

You may also file a complaint with the United States Department of Health and Human Services (DHHS), Office of Civil Rights, at (800) 368-1019.