MEDICAL CLINIC
of NORTH TEXAS, P.A.

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HIPAA Privacy Regulation Grievance Form

This form should be used for a patient to report any incident suspected of violating the Privacy Regulations of the Health Insurance Portability and Accountability Act. Reports should be submitted to the site manager of the clinic where the suspected violation occurred. The site manager will review the grievance and submit the form to the Privacy Officer if the suspected violation is regulated by HIPAA legislation.

Date(s) of Incident: _____

Time of Incident (if applicable): _____

Please describe the incident as completely as possible (use additional pages if necessary):

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_____

Do you believe this incident to be a recurring issue? ____Yes ____No

_____ _____
Patient's Printed Name Date of Birth

_____ _____
Patient/Legal Representative Signature Date

_____
Relationship to Patient