Any person has the right to file a complaint if the person believes that a University of Miami workforce member has not adequately protected the health information entrusted to us or ensured patient rights with respect to their health information. To file a complaint, you may complete this form and return it to the University of Miami Office of HIPAA Privacy & Security. It may be mailed to PO Box 019132 (M-879), Miami, FL 33101 or personally delivered to the office located in the Professional Arts Center Building at 1150 NW 14th Street, Suite 409. This complaint will apply to the department/office you list below.

Please provide the following information:

Patient Name: ___________________________ Date of Birth: __________________

Medical Record Number: ___________________ Last 4 Digits of SSN: ___________

Address: ________________________________________________________________

I am submitting a complaint about (please check all that apply):

☐ Department: ____________________________

☐ Physician: ____________________________

☐ Hospital: _____________________________

☐ Office: _______________________________

☐ Location: _____________________________

☐ Name of Employee at Issue: ____________________________

Please describe the privacy concern (attach additional pages as necessary):

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Signature of Individual Filing Complaint __________________________ Date __________

Printed Name of Individual Filing Complaint __________________________ Contact Phone Number ______________________

Street Address __________________________ City __________ State __________ Zip Code __________

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