



Privacy Complaint/Violation Reporting Form

1. Information about the Hill Physicians Member:

a. Name: _____

b. Mailing Address: _____

c. Phone Number: _____

d. E-mail Address: _____

e. Please explain why you believe your privacy or the privacy of the person you represent has been violated: _____

f. Please describe the resolution you are requesting: _____

2. Please describe the type of information that you believe was improperly used and/or disclosed: _____

3. Please list the name and/or description of any relevant documents in your possession. (Please provide a copy said document(s) if appropriate): _____



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Hill Physicians Member Name:

4. Please provide the dates, if known, of when you believe the information was improperly used and/or disclosed: _____

5. Please provide the name(s) of the person(s) you believe caused the improper use and/or disclosure of your information: _____

Signed: _____

Date: _____