



[Date]

Effective Date: April 14, 2003

Privacy Rights Complaint Form

Any person has the right to file a complaint if the person believes that a Columbia University Medical Center provider 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: **Privacy Officer, Columbia University Medical Center, 601 West 168th Street, Apt. 22, New York, N.Y. 10032.** This request applies only to the health care provider office that you list below. If you have privacy concerns about other offices, you must complete a form for each office.

Please provide the following information:

Patient Name: _____ Date of Birth: _____

Phone number: _____

Address:

I am submitting a complaint about (please indicate the health care provider office):

Please describe the privacy concern.

Signature of person

Date

<p>For Columbia University Medical Center only:</p> <p>Date of receipt of complaint: _____.</p> <p>Action taken:</p> <p>_____</p> <p>_____</p> <p>_____</p>
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