



PRIVACY/SECURITY COMPLAINT FORM

PO Box 1288
Madera, CA 93639-1288
559-673-3508

TTY: (800) 735-2929
Cal Relay Services Dial 711
Speech to Speech: 866-288-1909

www.madera-county.com

EMERGENCY PSYCHIATRIC SERVICES 24-HOUR PHONE LINES

559-673-3508
Toll Free 888-275-9779

*Madera County
Behavioral Health*

Information
& Health Privacy

Privacy

Please ask receptionist about your **right to free language assistance** services as well as alternative formats of this brochure. If you have **physical limitations**, we will help you find available, appropriate and accessible services.

Department of Behavioral Health Services

Privacy/Security Complaint Form

- Anyone may file a complaint regarding a suspected or known violation of privacy by Madera County Behavioral Health Services.
- Without the information requested below, the Privacy Officer may be unable to proceed with your complaint.
- We collect this information under authority of Federal Privacy Rule issued pursuant to HIPAA (Health Insurance Portability and Accountability Act).
- The information you provide here will remain confidential to the extent possible. However, we may need to divulge information to investigate your claim. Names or other identifying information about individuals are disclosed when it is necessary for investigation of possible health information privacy and security violations, for internal systems operations, or for routine uses, which include disclosure of information outside the Privacy Office for purposes associated with health information privacy compliance and as permitted by law.
- We assure you it is illegal for a covered entity to intimidate, threaten, coerce, discriminate, or retaliate against you for filing this complaint or for taking any other action to enforce your rights under the Privacy & Security Rules.
- You are not required to use this form. You also may write a letter, submit a complaint electronically or call the Privacy Officer with the same information.
- If you have questions, contact the Privacy Officer at **(559) 673-3508 x. 1270.**

PLEASE PRINT

1. Your First and Last Names: _____

2. May the Privacy Officer contact you? (Select one):

No, I do not want to be contacted regarding this matter.

This may hinder our ability to initiate or complete an investigation

Yes, I want to be contacted.

3. Best way to contact you:

Phone: _____

Email: _____

Other: _____

4. Are you filing this complaint for someone else? No Yes

5. Name of person(s) your complaint is against:

6. Date (best estimate) you first noticed action or believe violations of your privacy occurred:

Month/year

7. Date(s) action(s) occurred if more than once:

8. Describe in detail your complaint including what, when, who, how, where, and if you know, why of what happened. Please be specific about the time(s) and date(s) of the incident(s). List any witnesses:

HOW TO SUBMIT COMPLAINT FORM

1. Drop Off

- ❖ At the clinic where you received services

Attention: Privacy Officer
209 E. 7th Street
Madera, Ca 93638

- ❖ **2. By Mail**

Madera County Behavioral Health Services
Attention: Privacy Officer
P.O. Box 1288
Madera, Ca 93639

- ❖ **3. By Fax**

Madera County Behavioral Health Services
Attention: Privacy Officer
Fax Number: (559) 661-2818

(BHS Use Only)

Request received by: _____

Print Staff Name: _____

Job Title: _____

Program Site: _____

Date Received: _____

Date Sent to Privacy Officer: _____

Date Received by Privacy Officer: _____