



## ***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](http://www.madera-county.com)  
EMERGENCY PSYCHIATRIC SERVICES  
24-HOUR PHONE LINES  
559-673-3508 or  
Toll Free 888-275-9779

### ***Madera County Behavioral Health***



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. 1311.

**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:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



*(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: \_\_\_\_\_