SAN FRANCISCO HEALTH SERVICE SYSTEM

COMPLAINT FORM FOR VIOLATION OF PRIVACY RIGHTS

You may file a complaint with the San Francisco Health Service System (SFHSS) if you believe your privacy rights have been violated. You will not be retaliated against or penalized for filing this complaint. All complaints must be submitted in writing. Please use the space provided below to make a complaint to SFHSS. Be as specific as possible, stating dates where applicable. Use a separate sheet of paper, if necessary. We will respond to your complaint as soon as administratively feasible. PRINT YOUR NAME SOCIAL SECURITY NUMBER BIRTH DATE SIGNATURE DATE

SAN FRANCISCO HEALTH SERVICE SYSTEM

REQUEST FOR AN ACCOUNTING OF DISCLOSURES

Please submit this form to: Marina Coleridge, Privacy Officer San Francisco Health Service System 1145 Market Street, 3rd Floor San Francisco, CA 94103 (628) 652-4700

You may also direct any questions or obtain information from Marina Coleridge, Privacy Officer. See our Notice of Privacy Practices available online at **sfhss.org**. A printed copy is also available upon request from the San Francisco Health Service System.

For HSS Use Only:			
Date received:	Received by:		-
Comments:			
Action taken:			
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Staff Member Signature		Date	