Imagine Early Learning Centers HIPAA COMPLAINT FORM CONCERNING PRIVACY OF PROTECTED HEALTH INFORMTION

Please type or print legibly in blue or black ink. This form must be fully completed in order to be considered as a written complaint. In addition, we may need to contact you for additional information. Name: Mailing Address: Daytime Phone where we can contact you (including area code): E-mail address where we can contact you about his complaint: TELL US ABOUT YOUR COMPLAINT. Please be specific, Include the approximate date(s) of the occurrence(s), the kind(s) of Protected Health Information involved; identify the name, title and if available, phone number or email of any Imagine Early Learning Centers employee(s) you think may have knowledge about your complaint; and anyone you want us to contact about your complaint. You may attach additional pages if necessary. Please be aware that we may need to request a signed Authorization from you in order to contact some individuals. Please enclose copies of any documents you wish to be considered in connection with your complaint. Please do not send original documents as we cannot return them. Please keep a copy of your complaint for future reference.

Signature: ______Date: _____

If complaint is signed by a legal representative of the individual:
Printed name of legal representative:
Representative's authority to act for the individual:
If the complaint is signed by a legal representative of the individual, please note that we must verify that you are this individual's legal representative for purposed of filing this complain. Please enclose any documents that support this authority (power of attorney, Court Order, etc). As this person's representative, can you be contacted at the address, email or phone number listed above? If not, please provide us with your mailing address, email address and phone number as well.
This from should be delivered in person, by US mail or by facsimile to the following:
ATTN:
Josephine Wong, Human Resources Director Imagine Early Learning Centers 250 Bedford Park Boulevard West Bronx, NY 10468
FOR Imagine Early Learning Centers USE ONLY
Name of person processing complaint:
Action Taken:
Signature