



## Specialty Behavioral Health

### PRIVACY COMPLAINT FORM

Under HIPAA, you have the right to file a complaint with this office regarding our privacy practices, including our Notice of Privacy Practices and other privacy procedures. If you are not satisfied with your experiences here, we want to hear from you so that we can provide our services to you in ways that we both find satisfactory. You also have the right to file a complaint with the Secretary of the US Department of Health and Human Services at 200 Independence Ave. S.W. Washington, D.D. 20201.

If it is a clinical matter, we encourage you first to speak with your treating therapist. If it is an administrative-privacy concern, you can talk to our Privacy Officer, James Carter at (858) 752-3520. If you are not satisfied or the problems still continues, please fill out this simple form and I assure you it will be investigated. We will try our best to fix it and to repair any damage that has been done. Also, I promise you that we will not in any way limit your care here or take any actions or retaliation against you if you bring a problem to our attention. You are entitled to receive a copy of this complaint.

Client's name: \_\_\_\_\_ Client's date of birth \_\_\_\_\_

Client's address: \_\_\_\_\_

Telephone number: \_\_\_\_\_

What is or was the problem? \_\_\_\_\_

\_\_\_\_\_

What would you like to see done about the problem? \_\_\_\_\_

\_\_\_\_\_

Signature of client or his/her personal representative. \_\_\_\_\_ Date: \_\_\_\_\_

Printed name of client/personal representative: \_\_\_\_\_ Relationship to client: \_\_\_\_\_

Please mail this form to James Carter, 3262 Holiday Ct., Ste. 208, La Jolla, CA 92037.

**Note:** The Privacy Officer must respond to the client's complaint within 30 days from the time that he receives this form.