



411 Canisteo St. Hornell, New York 14843
Phone: (607) 324-8020 Fax: (607) 324-8226

PRIVACY CONCERN/COMPLAINT

CONFIDENTIAL

Please return this form to:

HIPAA Privacy Officer
411 Canisteo St., Hornell NY 14843

Date form completed: _____ Date of incident: _____

Individual completing form: _____

Position (if employee): _____

Patient's full name: _____

Medical record #: _____ Date of birth: _____

Relationship to patient: _____

Please describe your concern. If this report concerns a specific incident please provide the **names** of individuals involved as well as witnesses, specific **dates** of the incident and **location** of incident. Please attach additional pages as necessary:

Following any investigation, what response are you requesting, if any: