



## Privacy Complaint Form

**Note:** The federal privacy rule does not mandate use of this form.

I understand that I have a right under the federal privacy rule to file a complaint with Prairie Clinic SC in relation to their privacy practices relating to my protected health information.

I am filing a complaint concerning Prairie Clinic SC's policies and procedures relating to my protected health information. I understand that my complaint must be filed in writing, either on paper or electronically.

If I need assistance in the completion of this form or have any questions regarding this process, I will contact Privacy Officer, Prairie Clinic, SC.

To: Prairie Clinic SC  
Privacy Officer  
112 Helen Street  
Sauk City, WI 53583  
(608) 643-3351

Name of Complainant: \_\_\_\_\_

Address of Complainant or  
other means for contact: \_\_\_\_\_  
\_\_\_\_\_

Subject of the Complaint: \_\_\_\_\_

Date of Occurrence: \_\_\_\_\_

Description of the act(s) or omission(s) believed to violate state or federal  
protection of protected health information.

\_\_\_\_\_  
\_\_\_\_\_

Please describe how you would suggest this act or omission may be resolved.

---

---

This event occurred within 180 days of the filing of this complaint.

Signature of Complainant: \_\_\_\_\_

Date: \_\_\_\_\_

If the complaint is made on behalf of another individual, please complete the following:

Relationship/Legal Authority enabling you to act on behalf of the subject individual.

---

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Prairie Clinic SC will investigate your complaint and provide you with a written response within 30 days of receiving your complaint.