

UW-MADISON & WI STATE LABORATORY OF HYGIENE
Patient Complaint Form
HIPAA Privacy

Patient's Name, Address, and Phone:	Date of Event(s):
	Location of Event(s):

Please write a short statement of event(s), or acts or omissions you believe violate the Federal HIPAA Privacy Regulations. Provide names of persons involved, including the names of state employees or agents you believe are responsible for a HIPAA privacy violation:

I hereby state that all statements above are true:

Date: _____ Signature of Patient: _____
(or patient's legal authorized representative)

Print Name: _____

Please Note: You may not be retaliated against for filing a complaint about your privacy rights.

Please send completed form to either or both:	
University of Wisconsin – Madison HIPAA Privacy Officer 90B Bascom Hall 500 Lincoln Dr Madison WI 53706-1380 (608) 263-9158 phone (608) 265-3324 fax <i>hutton@bascom.wisc.edu</i>	Wisconsin State Laboratory of Hygiene HIPAA Privacy Coordinator 465 Henry Mall Room 235 Madison WI 53706-1578 (608) 262-8856 phone (608) 262-3257 fax <i>hipaa_officer@mail.slh.wisc.edu</i>

