

Privacy Complaint

You have a right to communicate concerns about our privacy policies, procedures or actions. Saint Joseph Mercy Health System will not engage in any discriminatory or other retaliatory behavior against you because of this complaint. Please provide as much information as you can remember regarding your concern. This form may be mailed to Saint Joseph Mercy Health System, Attn. Patient Relations Department, 5301 East Huron River Drive, PO Box 995, Ann Arbor, MI 48106-0995. You may also call the Patient Relations Department and report your complaint at (734) 712-2700.

Name: _____ Date: _____
(LAST) (FIRST) (M.I.)

Address: _____

Telephone: _____

Date of Birth: _____ Medical Record #: _____
(OPTIONAL)

DETAILS OF YOUR COMPLAINT

(Please be as specific as possible with the following [1] please state your **privacy** concern; [2] date of event; [3] time of event; [4] staff member(s) involved; and [5] location of event. Include the names, if any, of anyone in the office with whom you discussed this. Use the other side of this form if you need more room.)

Date: _____

 Signature of Patient or Legal Representative

If Legal Representative, state relationship: _____

THIS SECTION TO BE COMPLETED BY THE REVIEWER

Date Received: _____ Reviewed by: _____

Reviewer's Comments: _____

Action taken: _____

Date Patient was notified of resolution by mail to address stated above: _____

Date: _____

 Healthcare Representative Signature