VITAL DOCTORS
MEDICAL EQUIPMENT

(833) 432-4247 | 9523 I-35 Frontage Rd, Suite #2, San Antonio, TX 78233 | (833) 542-2009

HIPAA COMPLAINT FORM

Use this form to file a complaint if you believe your privacy rights under the Health Insurance Portability and Accountability Act (HIPAA) have been violated.

There will be no retaliation against you for filing a complaint.

1. PATIENT INFORMATION

Patient Name: _____ | Date of Birth: _____

Address: _____

City: _____ | State: _____ | Zip: _____

Phone Number: _____ | Email (optional): _____

2. PERSON FILING THE COMPLAINT (If different from patient)

Name: _____ | Relationship to Patient: _____

Phone Number: _____ | Email (optional): _____

Address (if different from above): _____

City: _____ | State: _____ | Zip: _____

3. ABOUT YOUR COMPLAINT

Please provide details about your complaint. Include as much information as possible.
(Attach additional pages if needed.)

Date(s) of Incident: _____

Location of Incident: _____

Name(s) of Person(s) Involved (if known): _____

Description of What Happened:

_____

_____

_____

_____

4. WHAT ACTION ARE YOU REQUESTING?

☐ An explanation of what happened ☐ That steps be taken to prevent this from happening again

☐ Other (please specify): _____

5. HOW WOULD YOU LIKE TO BE CONTACTED?

(Please check your preferred method)

☐ Phone: _____

☐ Email: _____

☐ Mail (use address above)

☐ Other: _____

6. SIGNATURE

I believe my privacy rights under HIPAA may have been violated. I understand the information I provide will be used to investigate my complaint and will be kept confidential to the extent permitted by law.

Signature: _____

Date: _____

HOW TO SUBMIT THIS COMPLAINT FORM

You may submit this form in person, by mail, fax, or email:

Mail:
Vital Doctors Medical Equipment
9523 I-35 Frontage Rd, Suite #2
San Antonio, TX 78233

Fax:
(833) 542-2009

Email:
privacy@vitaldoctorsme.com

We will review your complaint and respond within 30 days. If we need more time, we will notify you in writing.
If you are not satisfied with our response, you may file a complaint with the U.S. Department of Health and Human Services.
Website: www.hhs.gov/ocr/hipaa/filing-a-complaint | **Phone:** 1-877-696-6775 | **Mail:** 200 Independence Avenue SW, Washington, DC 20201

Thank you for choosing Vital Doctors Medical Equipment.

If you have any questions or concerns, please contact us at (833) 432-4247.