



Complaint Form

Patient Name: _____
Last First MI Maiden or Other Name

Date of Birth: ____ - ____ - ____ Medical Record #: _____ Phone: _____

Address: _____ City: _____ ST: _____ Zip: _____

Facility Visited: _____ Approximate date: _____

The complaint involves:

- Appropriateness of Concentra privacy policies and processes
- My privacy rights (example: privacy notice, authorization, access, amend, request restrictions, confidential communications or accounting of disclosures)
- Inappropriate handling of protected health information
- Other _____

Date of incident (if applicable): _____

Name of Concentra employee(s) and / or location where incident occurred (if applicable):

Please provide a detailed description of the privacy issue involved in the complaint:

You may submit this form

- In person: to the nearest Concentra medical center
- By mail: Concentra Privacy Office
5080 Spectrum DR, Ste 1200 West, Addison, TX 75001
ATTN: Privacy Office
- By fax: 214-775-4408
- By email: PrivacyOffice@concentra.com

SIGNATURE OF INDIVIDUAL DATE OR SIGNATURE OF PERSONAL REPRESENTATIVE DATE

RELATIONSHIP TO INDIVIDUAL

FOR INTERNAL USE ONLY

Complete this section. Email this request to PrivacyOffice@Concentra.com or fax to 214-775-4408 with all records referenced in the request.

Staff member who responded to this form Title Phone Date sent to Privacy Office

Facility Name Location Number (if applicable)