



Complaint Form

Patient Name: _____

Last

First

MI

Maiden or Other Name

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

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

The complaint involves:

- Appropriateness of Concentra Inc.'s 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
P O Box 1438
Louisville, KY 40202-1438
- By fax: 502.508.3700
- By email: PrivacyOffice@concentra.com

SIGNATURE OF INDIVIDUAL

DATE

OR

SIGNATURE OF PERSONAL REPRESENTATIVE

DATE

RELATIONSHIP TO INDIVIDUAL

FOR INTERNAL USE ONLY

Email this request to PrivacyOffice@Concentra.com or fax to 502.508.3700 with all records referenced in the request.

Staff member who received this form

Title

Phone

Date completed

Center Name

Location Number

