



## Complaint Form

**Please Review Prior to Completing:** This form can be used to submit a Health Insurance Portability and Accountability Act (HIPAA) complaint/concern to Concentra®. Complaints/concerns can also be provided directly to center leadership where you received services, or you can contact the HIPAA Hotline at 800-819-5571 to express your complaint/concern. For non-privacy related customer service matters, please contact the Concentra Customer Care line at 1-866-944-6046.

**Patient Name:** \_\_\_\_\_  
Last First MI Maiden or Other Name

**Date of Birth:** \_\_\_\_\_ **Medical Record Number:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**Address:** \_\_\_\_\_ **City:** \_\_\_\_\_ **St:** \_\_\_\_ **Zip:** \_\_\_\_\_

**Facility Visited:** \_\_\_\_\_

**The complaint involves:**

- Appropriateness of Concentra privacy policies and processes
- Inappropriate handling of protected health information (PHI)
- My privacy rights (example: Notice of Privacy Practices, Access/Authorization, Amendment, Restriction, Confidential Handling of Communication or Disclosure Accounting)
- 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:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**For the most efficient processing**

Submit the completed form directly to the Concentra medical center where you received services. Our Location Finder tool on Concentra.com has contact information (phone number, fax number, mailing address) for Concentra medical centers.

You may also submit your request to the Privacy Office:

- By mail: Concentra Privacy Office, 4714 Gettysburg Road, Mechanicsburg, PA 17055
- By fax: 214-775-4408
- By email: [privacyoffice@concentra.com](mailto:privacyoffice@concentra.com)

\_\_\_\_\_  
Signature of Individual Date **Or** Signature of Personal Representative Date  
\_\_\_\_\_  
Relationship to Individual

**FOR INTERNAL USE ONLY**

Facility: Refer to applicable internal procedure. Contact the Concentra [Privacy](#) Office with questions.

\_\_\_\_\_  
Leadership Colleague Addressing This Matter Title Date

\_\_\_\_\_  
Facility Phone Number Date Submitted Via Privacy Tool to Privacy Office