

AToN Center
COMPLAINT REGARDING USES/DISCLOSURES
OF PROTECTED HEALTH INFORMATION

This form is to be used to file a complaint with AToN Center, Inc. regarding its privacy policies and procedures, and its compliance with those policies and procedures or the federal Privacy Rule.

When this form is complete, please return it to: ATTN: Dr. Leslie Sanders P.O. Box 230746 Encinitas, CA 92023

Resident Information	Requester's information (if not the resident)
_____ Name	_____ Name
_____ Location	_____ Relationship to the Customer
_____ Date of Birth	_____ Source of Legal Authority
_____ SSN	- Phone Number:

Date of incident: _____/or The practice is ongoing

Time of incident: _____/or Not applicable

Please describe the practice or incident about which you wish to complain:

Name & title of person(s) involved, if known: _____

Please describe why you believe that this practice or incident was improper:

Please attach any documentation that supports your complaint to this form.

▣ I certify that the information recorded above is true to the best of my knowledge, and that I have a good faith belief that such practice or incident is a violation of federal laws regarding the handling of a resident's health information or of the Facility's privacy policies and procedures.

Signature:

Date:
