Saint Luke's Health System

HIPAA Privacy and Security Complaint Form

Please mail to: Saint Luke's Health System
ATTN: System Privacy Officer
901 E. 104th St. – Mailstop 900N
Kansas City, MO 64131

You may also fax this form to 816.932.6846
ATTN: System Privacy Officer

Complainant Information (Please Print):

Date:_____ Name:_____

Address:_____

Contact Number:_____

Name of Patient:_____ Date(s) of Service:_____
(If different from above)

Patient Date of Birth:_____ Relationship to patient (if applicable):_____

Complaint Information:

Hospital Involved:

☐ Anderson County ☐ Crittenton Children's Center ☐ Hedrick Medical Center ☐ Saint Luke's Cushing
☐ Saint Luke's East ☐ Saint Luke's Hospital ☐ Saint Luke's North ☐ Saint Luke's South
☐ Wright Memorial ☐ Other Clinic or facility (indicate name):_____

Date of Incident:_____

Complaint: (Please attach additional page(s) if necessary)

_____

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By signing this complaint form, you are authorizing the Privacy Office at Saint Luke's Health System to discuss and investigate the contents of this complaint.

Signature of Patient/Complainant:_____ Date:_____ Time:_____

Not a Part of the Permanent Medical Record

Saint Luke's Health System

HIPAA Privacy and Security Complaint Form

For Organizational Use Only:

Date Complaint Received: _____

Received By: _____

Date Complaint Entered in Program: _____

Entered By: _____

Method of Contact with Complainant: _____

Date Complainant Contacted: _____

Contacted By: _____

Reviewed By:

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Notes:

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