



MR Number \_\_\_\_\_

Patient Name: \_\_\_\_\_

**Conifer Park Privacy Practices Complaint Form**

You have the right to file a complaint about our privacy practices. You may file a complaint if you are dissatisfied with the content of our Notice of Privacy Practices or our Privacy Policies and Procedures. You may also file a complaint if you believe that we have failed to comply with the terms of our Privacy Policies and Procedures, or with any provision of federal or state law concerning the privacy of your health information or your rights relative to that information.

We will never retaliate against you for filing a complaint. Nor will we ask you to waive any legal right that you may have as a condition of filing a complaint. You can use this form to prepare your complaint if you wish. Please submit your complaint to:

Ms. Patricia A. Wilcox, Director of Risk Management, Conifer Park, Inc.  
 79 Glenridge Road Glenville, NY 12302  
 Phone: (800)989-6446 ext. 8323  
 Fax: (518)952-8228  
 E-Mail: pwilcox@libertymgt.com

You may also file a complaint with the United State Department of Health and Human Services. To do so, contact:

Office for Civil Rights, U.S. Department of Health and Human Services  
 200 Independence Avenue, S.W.  
 Room 509F, HHH Building  
 Washington, D.C. 20201  
 OCR Hotlines-Voice: 1-800-368-1019

**Person filing Complaint**

<b>Name</b>	<b>Relationship to Patient</b>
<b>Street Address</b>	<b>City, State, Zip Code</b>
<b>Phone Number, Including Area Code</b>	<b>E-Mail Address</b>

**Nature of Complaint**


**What should we do to resolve your complaint?**


I am the person who is the subject of records including protected health information that are maintained by Conifer Park, Inc.. I am filing this complaint.

<b>Patient Signature</b>	<b>Date</b>
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I am the personal representative of a person who is the subject of records including protected health information that are maintained by Conifer Park, Inc.. My relationship to that person is \_\_\_\_\_. I am filing this complaint.

<b>Personal Representative Signature</b>	<b>Date</b>
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This information has been disclosed to you from records protected by Federal confidentiality rules (42 CFR Part 2). The Federal rules prohibit you from making any further disclosure of this information unless further disclosure is expressly permitted by the written consent of the person to whom it pertains or as otherwise permitted by 42 CFR Part 2. A general authorization for release of medical or other information is NOT sufficient for this purpose. The Federal rules restrict any use of the information to criminally investigate or prosecute any alcohol or drug abuse patient. Additionally, these records are protected by 45 CFR Parts 160 and 164 (HIPAA).