



ST. ANDRÉ
HEALTH CARE

Privacy Complaint Form

If you believe that your rights under the Federal HIPAA Privacy Rule have been violated, you can file a complaint with St. Andre Health Care's Privacy Officer and/or the United States Department of Health and Human Services. You may, if you choose, use this form to initiate the complaint process.

Your Full Name _____

Address _____

City _____ State _____ Zip _____

Phone Number _____ Fax Number _____

Email Address _____ Date _____

Information about the Suspected Privacy Violation

St. Andre Health Care Facility is the subject of this complaint:

Individual who is the subject of this complaint (if applicable):

Address _____

City _____ State _____ Zip _____

Phone Number _____ Date(s) of Violation _____

Describe the Suspected Privacy Violation Below (attach additional pages if necessary)



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You may mail or fax this form to St. Andre Health Care Facility's corporate Privacy Officer at:

Privacy Officer, c/o
St. Andre Health Care Facility
407 Pool Street
Biddeford, ME 04005
Voice Phone: (207) 282-5171
Fax: (207) 282-5372

You may mail or fax this form to U.S. Department of Health and Human Services at:

Region I, Office for Civil Rights
U.S. Department of Health and Human Services
Government Center
J. F. Kennedy Federal Building - Room 1875
Boston, Massachusetts 02203
Voice Phone: (617) 565-1340
Fax: (617) 565-3809
TDD: (617) 565-1343

A complaint with the Department of Health and Human Services must be filed within 180 days of when you knew or should have known that the suspected privacy violation occurred, unless the Secretary for good cause shown waives this time limit.