

Privacy Rights Complaint Form

If you believe your privacy rights have been violated, you may use this form to file a complaint with Trios Health. If you need assistance in completing this form, please call the Trios Privacy Officer at 509-586-5883.

The form must be completed entirely. When complete, please send to:

Trios Health Privacy Officer 900 S. Auburn St. Kennewick, WA 99336

FAX: 509-586-5707

You may deliver this document in person, fax it, or mail it to the address provided above. .

To be completed by patient or legal representative

To be completed by patient of legal representative
Name:
Date of Birth:
Phone where we can reach you:
Today's Date:
Date of Incident If Known:
Please explain how you feel your privacy rights have been violated:
Circosture of Individual Maline Degrees
Signature of Individual Making Request:
Relationship to Patient:
Date of Signature: