



COMPLAINT INVOLVING THE USE OR DISCLOSURE OF PROTECTED HEALTH INFORMATION

Purpose: This form is used for an individual to complain about Salus privacy practices.

SECTION A: Individual lodging complaint.

Name: _____

Address: _____

Telephone: _____ E-mail: _____

TO THE INDIVIDUAL: Please read the following and complete the requested information.

You have the right to file a complaint with Salus about our privacy practices or our compliance with federal or state privacy laws. We will investigate your complaint and provide you a written response within 30 business days. We will not require you to waive any right you may have under federal or state privacy laws to file your complaint, nor will filing your complaint adversely affect your treatment at the clinic. We will not retaliate against you in any way for filing your complaint. To exercise your right to complain, please complete Sections A and B, sign your complaint, then submit it to us at:

Contact Office: SALUS

Telephone: (787) -749-4045 _____

E-mail: dallende@ssspr.com

Postal address: PMB 509, PO Box 7891, Guaynabo, PR 00970-7891

If you have questions or need more information to complete your complaint, please contact us at the above location.

SECTION B: Individual's complaint.

Please give a concise, plain statement of your complaint:

Please give a concise, plain statement of the resolution you seek for your complaint:

INDIVIDUAL'S SIGNATURE.

Signature: _____ Date: _____

If this complaint is filed by a personal representative on behalf of the individual, complete the following:

Personal Representative's Name: _____

Relationship to Individual: _____

YOU ARE ENTITLED TO A COPY OF THIS COMPLAINT.