

Saint Luke's Health System

HIPAA PRIVACY & SECURITY COMPLAINT FORM

*Please mail to: Saint Luke's Health System
ATTN: Chief Privacy Officer
10920 Elm
Kansas City, MO 64134*

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

Complainant Information: (Please Print)

Date: _____ Time: _____

Name: _____

Address: _____

Contact Number: _____

Name of Patient: _____ Date of Service: _____

Complaint Information:

Hospital Involved: SL Plaza SL Northland SL South Crittenton
 Wright Memorial Anderson County Cushing Memorial Other (indicate below)

Date of Incident: _____

Complaint: (Please attach additional sheets for space.)

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 Complainant

Date

For Organizational Use Only:

Date Complaint Received: _____

Method of Contact with Complainant: _____

Received By: _____

Date Complainant Contacted: _____

Date Complaint Logged: _____

Contacted By: _____

Logged By: _____

Reviewed By:

Notes:
