



PRIVACY COMPLAINT FORM

Both federal and state law provide for confidentiality of your protected health information, including information maintained in your medical record. It is Dean Health System’s policy to maintain the confidentiality of all such information and to not use or disclose it without the consent or authorization of the patient or as specifically allowed by law. To that end, we treat our patients’ concerns about our privacy practices very seriously. You may use this form to let us know of any privacy concerns you may have concerning our use or disclosure of your protected health information.

Once the Dean Health System Privacy Officer receives this complaint, he or she will review it promptly. Once the review is completed, you will receive a written response from the Privacy Officer or his or her designee. You may also file a complaint with the Secretary of the U.S. Department of Health and Human Services. For information on the procedures for filing such a complaint, please contact us at the address or phone number listed below. **Filing this complaint does not affect your ability to receive treatment at any Dean Health System location.**

Please complete this side only if you are filing a complaint related to someone else’s protected health information.

Name: _____

Patient Name _____

Address: _____

Patient Address: _____

Date of Birth: _____

Patient’s Date of Birth: _____

Telephone: _____

Patient’s Telephone: _____

Please use the space below to explain your complaint: (continue on the back of this page if needed)

Signature: _____ Date: _____

If applicable, please provide:
Legal Representative’s Name: _____

Relationship to Patient: _____

Please send this form to: Privacy Officer, Dean Health System, 1808 W. Beltline Hwy., Madison, WI 53713
Phone: (608) 250-1075