

FERRUM COLLEGE
Form To Describe Complaint Regarding Handling
Of Protected Health Information

*This Form is used by individuals to register complaints concerning the handling of their protected health information ("PHI") in the possession of the health care plans sponsored or maintained by Ferrum College and any of its affiliates, or the business associates of such plans. **Submit this Form to the Human Resources Department.** Federal law prohibits Ferrum College, its affiliates, and business associates from retaliating against you for filing this complaint.*

COMPLAINANT:

(Print name, address, telephone number and date)

NATURE OF COMPLAINT:

For office use only:

Receipt:

Date: _____ Recipient name: _____ Date delivered to Privacy Official/
Deputy: _____

Investigation:

The Privacy Official or his or her designee must investigate this complaint. The investigation should be documented, and its conclusions reduced to writing. Where warranted, the Privacy Official should direct appropriate remedial action, and impose appropriate sanctions.

Report to Complainant:

The results of the investigation (whether the complaint should prove unfounded or accurate) should be communicated to the complainant (sanctions against persons or other entities need not be revealed).

Complainant notified: *(insert date):* _____

Privacy Official/Deputy Privacy Official certification: *Initial here:* _____ *Date:* _____

Keep a copy of this Form