



**KootenaiHealth**

**Privacy Rights Complaint Form**

If you believe privacy rights or the Privacy Rule were violated, you may use this form to file a complaint with Kootenai Health. If you need assistance completing this form, please call the Kootenai Health Privacy Officer at (208) 625-6248.

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

Kootenai Health, Privacy Officer  
2003 Kootenai Health Way  
Coeur d' Alene, ID 83814  
Fax number: (208) 625-4434

Although completing this form is voluntary, Kootenai Health may be unable to properly investigate and address your complaint without the information requested below. Names and other identifying information will be used and disclosed as necessary to investigate possible privacy violations, for performance improvement and for tracking purposes.

It is illegal for Kootenai Health to intimidate, threaten, coerce, discriminate or retaliate against you for filing this complaint.

Your First Name		Your Last Name
Home Phone (including area code)		Work Phone (including area code)
Street Address		City
State	Zip	E-mail Address
If filing this complaint for someone else, whose privacy rights do you believe were violated?		
First Name		Last Name
Who do you believe violated privacy rights or committed another violation of the Privacy Rule?		
Person/Organization		
Street Address		City
State	Zip	Phone (including area code)
When do you believe the violation of health information privacy rights occurred?		
Dates:		

