



75 Seminary Hill Road Carmel, NY 10512	Fax: (845) 704 - 6173 Phone: (845) 225 - 3400
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MR Number _____ Patient Name: _____

Arms Acres Privacy Practices Complaint Form

You have the right to file a complaint about our privacy practices. You may file a complaint if you are dissatisfied with the content of our Notice of Privacy Practices or our Privacy Policies and Procedures. You may also file a complaint if you believe that we have failed to comply with the terms of our Privacy Policies and Procedures, or with any provision of federal or state law concerning the privacy of your health information or your rights relative to that information.

We will never retaliate against you for filing a complaint. Nor will we ask you to waive any legal right that you may have as a condition of filing a complaint. You can use this form to prepare your complaint if you wish. Please submit your complaint to:

Ms. Michele Clarke, Director of Health Information Management, Arms Acres, Inc.
75 Seminary Hill Road
Carmel, NY 10512
Phone: 845-225-3400, Ext. 103
Fax: 845-228-5465
E-Mail: mclarke@libertymgmt.com

You may also file a complaint with the United State Department of Health and Human Services. To do so, contact:

Office for Civil Rights, U.S. Department of Health and Human Services
200 Independence Avenue, S.W.
Room 509F, HHH Building
Washington, D.C. 20201
OCR Hotlines-Voice: 1-800-368-1019

Person filing Complaint

Name	Relationship to Patient
Street Address	City, State, Zip Code
Phone Number, Including Area Code	E-Mail Address

Nature of Complaint

What should we do to resolve your complaint?

I am the person who is the subject of records including protected health information that are maintained by Arms Acres, Inc.. I am filing this complaint.

Patient Signature	Date
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I am the personal representative of a person who is the subject of records including protected health information that are maintained by Arms Acres, Inc.. My relationship to that person is _____ . I am filing this complaint.

Personal Representative Signature	Date
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This information has been disclosed to you from records protected by Federal confidentiality rules (42 CFR Part 2). The Federal rules prohibit you from making any further disclosure of this information unless further disclosure is expressly permitted by the written consent of the person to whom it pertains or as otherwise permitted by 42 CFR Part 2. A general authorization for release of medical or other information is NOT sufficient for this purpose. The Federal rules restrict any use of the information to criminally investigate or prosecute any alcohol or drug abuse patient. Additionally, these records are protected by 45 CFR Parts 160 and 164 (HIPAA).