

THE CHILDREN'S HOSPITAL OF PHILADELPHIA

Privacy Practice Complaint Form

Submit to the Children's Hospital Privacy Office

34th and Civic Center Blvd.

Philadelphia, PA 19104

http://www.chop.edu/about_chop/hipaa/npp.shtml

You have the right to make a written complaint concerning The Children's Hospital of Philadelphia's compliance with its privacy policies and procedures or the requirements regarding medical information. If you wish to make a complaint, please complete this form and send it to the above address.

Person Making Complaint: _____

Relationship to Patient: _____

Address: _____

Telephone: _____

Patient Date of Birth: _____

Complaint: _____

Signature of Person Making Complaint: _____

Date: _____

Received by (Signature): _____

Date: _____

Title: _____

(TO BE COMPLETED BY CHILDREN'S HOSPITAL STAFF) MR# OF PATIENT: _____