



Health Information Privacy Complaint Form

Submit to: Placer County Privacy Officer
 3091 County Center Drive, Suite 290
 Auburn, CA 95603
 (530) 886-3621
 FAX: (530) 745-3135

Name of Client:	Telephone Number:
Address/City/State/Zip Code:	

If other than above:

Person Reporting:	
Relationship to Client:	Telephone Number:
Address/City/State/Zip Code:	

Please summarize the health information privacy problem(s) you have had. Attach additional sheets as needed:

Your Signature _____ **Date** _____



For County Use Only

Summary of investigation:

Summary of response and resolution
(Attach response if written)

Placer County Staff Signature _____ **Date** _____