NEW YORK STATE
OFFICE OF ALCOHOLISM AND SUBSTANCE ABUSE SERVICES

PRIVACY COMPLAINT FORM
(SEE OTHER SIDE FOR INFORMATION ABOUT FILING A COMPLAINT)

PATIENT'S LAST NAME  FIRST  M.I.
CASE NO.
FACILITY  UNIT

INSTRUCTIONS: GIVE A COPY OF THE FORM TO THE PATIENT! Prepare one (1) copy for the Patient's Case Record.

PRIVACY COMPLAINT

DESCRIPTION OF COMPLAINT (INCLUDE WHAT INFORMATION YOU BELIEVE WAS USED/DISCLOSED IMPROPERLY, AND BY WHOM:

WHAT ACTION WOULD YOU LIKE TAKEN:

I, the undersigned, hereby file this notice of complaint regarding my confidential information.

__________________________________________  ________________________________________
(Signature of Patient)  (Signature of Parent/Guardian, when required)

__________________________________________  ________________________________________
(Print Name of Patient)  (Print Name of Parent/Guardian)

__________________________________________  ________________________________________
(Date)  (Date)

FACILITY ACTION:

___COMPLAINT REVIEWED ON ______________________________.

__________________________________________
Director/Assistant Director  DATE

TRS-33 (4/05)
Complaints and Reporting Violations

Patients have the right to make a complaint about the Confidentiality and Privacy of their Health Information. The patient may complete a Privacy Complaint form (on reverse side of this form) and submit the form to the:

- ATC Administor;
- Bureau of Addictions Treatment Centers, 1450 Western Avenue, Albany, NY 12203; or
- OASAS Privacy Official, 1450 Western Avenue, Albany, NY 12203.

The complaint will be reviewed by an appropriate individual, based on the nature of the complaint. That individual will complete the Privacy Complaint Resolution form. Copies will be forwarded to OASAS Privacy Official, 1450 Western Avenue, Albany, NY 12203.

The patient may also register a complaint with the:

Office for Civil Rights  
U.S. Department of Health and Human Services,  
Jacob Javits Federal Building  
26 Federal Plaza-Suite 3313  
New York, New York, 10278

Voice Phone (212) 264-3313.  
FAX (212) 264-3039.  
TDD (212) 264-2355  
OCR Hotlines-Voice: 1-800-368-1019