



Northeast Delta Dental
Attn: Privacy Officer
Legal and Compliance Department
One Delta Drive
P.O. Box 2002
Concord, NH 03302-2002

Privacy Complaint Form

First Name _____ Last Name _____

Home Phone (Please include area code) _____

Work Phone (Please include area code) _____

Street Address _____

City _____ State _____ ZIP _____

Email _____

Are you completing this form for someone other than yourself? Yes No

If yes, whose health information privacy rights do you believe were violated?

First Name _____ Last Name _____

What is your relationship to the insured? _____

Who (or what agency or organization) do you believe violated your (or someone else's) health information privacy rights or committed another violation of the Privacy Rule?

Street Address _____

City _____ State _____ ZIP _____

Phone (Please include area code) _____

When do you believe that the violation of health information privacy rights occurred? (List Dates)

How and why do you believe your (or someone else's) health information privacy rights were violated, or the privacy rule otherwise was violated? What is the resolution you seek? Please be as specific as possible. (Attach additional pages as needed)

Signature _____ Date _____

By completing and signing this complaint form, I authorize Northeast Delta Dental to collect and receive material and information about me, including dental records, which are relevant to the investigation of my complaint. I understand that as a complainant I am covered by the Department of Health and Human Services' (HHS) regulations which protect any individual from being intimidated, threatened, coerced, retaliated against, or discriminated against because of my complaint. I further understand that filing a complaint with Northeast Delta Dental is voluntary. However, if I choose not to provide the information requested above, Northeast Delta Dental may not be able to proceed with my complaint.