



My Healing Space

COUNSELING SERVICES

PRIVACY RIGHTS COMPLAINT FORM

RIGHTS COMPLAINT FORM

The Health Insurance Portability and Accountability Act of 1996 requires that **My Healing Space Counseling PLLC** protect the privacy of your Protected Health Information (PHI). If you are concerned that we have violated (a) your privacy rights, or (b) our policies and procedures implementing HIPAA compliance within MHS, and/or you disagree with a decision we made about access to, or amendment of, your records, you may contact MHS's Compliance and HIPAA Privacy Officer at the following:

Compliance Hotline at 720 829-4471 ext. 100, or in
writing to us at: Program Director
Fannie Johnson 2323 S Troy Street #-107
Aurora, CO 80014
Email: info@myhealingspace.net

You also have the right to file a complaint with the Office for Civil Rights, Secretary of the Department of Health and Human Services (HHS). Directions for this process may be found at: www.hhs.gov/ocr/privacy/hipaa/complaints.

We will not retaliate against you for filing a complaint with MHS or with the Secretary of HHS.

MHS will investigate reported violations of any privacy policy and will develop and implement a corrective plan of action to deal with any discovered violations.

Please provide the following information so that we may properly address your complaint:

Details of your complaint: (Please be as specific as possible with respect to dates and times; include the name(s), if any, of anyone in MHS with whom you discussed your complaint. Use the other side of this form if you need more space.)

Patient Signature

Date

Date Received

Date Reviewed

Reviewed By

Program Director

Comments (Specify the actions taken to address the Patient's complaint, state whether or not the Patient was satisfied with resolution, etc.):