



WHITE CLOUD HEALTH CENTER, LLC

3349B Thrasher Road, White Cloud, KS 66094 / Phone (785) 595-3450/Fax (785) 595-3493

Complaint Form

You have a right to complain if you believe that your protected health information has been wrongfully used or disclosed in violation of our privacy policies and procedures, or applicable law. White Cloud Health Center, LLC (WCHC) will not engage in any discriminatory or other retaliatory behavior against you because of this complaint. You may request the Privacy Officer to assist you in filling out this complaint form. Please be as thorough and forthright as possible.

Please complete the sections below:

Name:
Address:
Phone:
Email Address:
What is the best way to reach you?
What are the best hours to reach you?

Details of your complaint: (Please be as specific as possible with dates, times, and the specific policy, procedure or action taken; include the names, if any, of any one from WCHC with whom you discussed this. Use the other side of this form if you need more room.)

Signature

Date

For WCHC Use Only:

The **Privacy** Officer or Designee is responsible for investigating this complaint in accordance with the WCHC Privacy Practices.

Date received:	Investigated by:
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Comments:
