

**Bournewood Privacy Complaint**

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Name \_\_\_\_\_

*Please list below where you want us to send our response to your complaint. We may need to contact you by telephone or fax if we have any questions.*

Address: \_\_\_\_\_ Telephone: \_\_\_\_\_

\_\_\_\_\_

Email address: \_\_\_\_\_

All privacy complaints to Bournewood Health Systems must be submitted in writing on this Privacy Complaint form. You will not be penalized or retaliated against for filing a complaint.

A complaint filed with Bournewood Health Systems must be filed within 180 days of when the complainant became aware of the privacy violation.

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Name, full address and telephone number of the person, agency, or organization you believe violated your (or someone else's) health information privacy rights or committed another violation of the Privacy or Security Rule:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Brief description of what happened. How, why, and when do you believe your (or someone else's) health information privacy rights were violated, or how the Privacy or Security Rule otherwise was violated. You may write on the back of this form or attach additional pages as needed:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Any other relevant information:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Your signature \_\_\_\_\_ Date \_\_\_\_\_

**Please return this form to:**

**Bournewood Health Systems  
Attn: HIS Department/Privacy Officer  
300 South St.  
Brookline, MA 02467  
Fax: 857-354-3339**