



## Privacy & Security Complaint Form

This form is for reporting facts pertaining to any known or suspected violation of your privacy rights or an electronic breach. Submit this form to the Privacy Officer at:

**BAPTIST HEALTH**  
**Attn: Privacy Officer**  
**9601 Baptist Health Drive**  
**Little Rock, Arkansas 72205-7299**  
**Phone (501) 202-6776**  
**Fax (501) 202-1115**

If you would like to submit an anonymous report, please call our confidential hotline at 1-800-991-0888.

Please include all the facts of the suspected violation. The information you provide should include names, dates, times, places and a detailed description of the incident that led you to believe a violation of a privacy standard occurred. Please include a copy of any documentation that supports your concerns.

Today's Date: \_\_\_\_\_

Patient's Full Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Describe how you think a patient's privacy rights have been violated: \_\_\_\_\_

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Date on which violation is believed to have occurred: \_\_\_\_\_

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(Print Name)

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(Signature)