

Millers of Wyckoff, Inc.
COMPLAINT FORM FOR PRIVACY MATTERS

Millers of Wyckoff
678 Wyckoff Avenue
Wyckoff, NJ 07481

ATTN: David Miller, R.Ph., Privacy Officer

Date Complaint Filed: _____

Your Reason for or Nature of Complaint:

- Privacy and security of Protected Health Information not well protected.
- Inappropriate use and disclosure of Protected Health Information.
- Access to, or amendment of, Protected Health Information denied.
- Inappropriate practices or actions of the Pharmacy business associates.
- Inappropriate marketing practices of the Pharmacy.
- Other complaint relating to the use and disclosure of Protected Health Information.

Details Regarding the Complaint:

Date of Occurrence: _____

Please return this form to the Pharmacy in person or to the above address. Customer satisfaction is our primary concern; therefore, all concerns will be handled in a timely manner. If you wish to be contacted with details on the resolution of your complaint, please include contact information below. All complaints will be addressed within 20 business days.

This form is to be used as a communication tool between the complainant and the Pharmacy only. You may wish to not include patient specific information unless absolutely necessary to clearly define the complaint. Protected Health Information (PHI) will not be released unless all pharmacy policies are met first. Of foremost importance is the protection of our patient's PHI. Therefore, if an Authorization Form to Release PHI for Purposes of Other Than Payment, Treatment or Health Care Operations is not on file (but is necessary to act on this complaint), we will contact the patient to get a signed copy of this form before releasing PHI.

Thank you for your patience regarding this matter.

Contact Information (optional):

Name (Printed): _____ **Address:** _____

