

BARBARA ROSE CHATEAUBRIAND, MA
8245 20th Avenue NE #2
Seattle, WA 98115
(206) 525-9745
Licensed Mental Health Counselor #LH00008130

COMPLAINT FORM

Under HIPAA, you have the right to file a complaint with this office regarding my privacy practices, including my Notice of Privacy Practices and other privacy procedures. If you are not satisfied with your experiences here, I want to hear from you so that I can provide my services to you in ways that we both find satisfactory. You also have the right to file a complaint with the Secretary of the US Department of Health and Human Services at 200 Independence Ave. S.W. Washington, D.D. 20201.

If there is a clinical or administrative-privacy matter, I encourage you first to speak with me. If you are not satisfied or the problems still continues, please fill out this simple form, and I assure you it will be investigated. I will try my best to fix the issue and to repair any damage that has been done. Also, I promise you that I will not in any way limit your care here or take any actions or retaliation against you if you bring a problem to my attention. You are entitled to receive a copy of this complaint.

Client's name _____ Date of birth _____

Identification No. _____ Telephone number _____

Client's address _____

What is or was the problem?

What would you like to see done about the problem?

Signature of client or his/her personal representative. _____
Date: _____

Printed name of client/personal representative: _____ Relationship to client: _____

Privacy Officer: _____ Phone: _____

Note: The Privacy Officer must respond to the client's complaint within 30 days from the time that s/he receives this form.