

Tracking Number _____

PRIVACY COMPLAINT

- This form is for clients, family/friends of clients or any member of the public to file a complaint with Kings View if you believe your or another person's privacy rights have been violated by Kings View.
- You are not required to use this form—you may submit a letter with the same information.
- You may file a complaint without using your name. Start with Section. 3.
- The information you provide is kept confidential to the extent possible. However, we may need to divulge the information to investigate your complaint.
- Complaints must be made within 180 days of when you first learned about the possible violation—we may make an exception if you can show "good cause."

1. YOUR INFORMATION

Last Name	First Name	Birthdate	Contact Phone	
Street Address	Apt #	City	State	Zip Code
Best way to reach you			Best Hours	

2. CONSENT TO DISCLOSE YOUR NAME (✓ one)

_____ I DO consent to my name being disclosed ***only as needed*** to investigate my complaint.

_____ I DO NOT consent to my name being disclosed. We will not disclose information about you in the investigation within the limits allowed by law. Not using your name may hinder the investigation.

3. PRIVACY COMPLAINT FILED AGAINST

Person(s)	Program(s)

4. **WITNESSES** ___ None ___ Yes Please list below.

Name(s)	Phone # / Contact Information

5. **DETAILS OF COMPLAINT**

Date you first noticed of incident: _____ Time: _____
(Approximate date/time if exact date/time unknown)

Or

The practice is ongoing—it first started on (date) or about: _____

Please describe the practice or incident about which you wish to complain. Cover what, when, how, where and, if you know, why it happened. To provide more information attach additional pages.

Please attach any documentation that supports your complaint to this form.

Important

- Filing a complaint with Kings View is voluntary. However, without the information requested above, it may
- Kings View takes protecting client privacy seriously and only discloses names or other identifying information when permitted or required by law.
- Kings View may not intimidate, threaten, coerce, discriminate or retaliate against you for filing this complaint or take any other action to limit your rights under state or federal privacy law.

6. CERTIFICATION and SIGNATURE

I certify the information reported above is true to the best of my knowledge, and I have a good faith belief that such practice or incident is a violation of Kings View's policy and procedures and/or privacy law(s)

Print Name: _____

Signature: _____ Date: _____

RETURN THIS FORM TO: Kings View
Attention: Privacy Officer
7170 N. Financial Drive, Suite 110
Fresno, CA 93720
Phone: (559) 256-1080 Fax: (559) 256-5998
www.kingsview.org

For more information about your privacy rights, see the *Kings View Notice of Privacy Practices*–

- On our website at www.kingsview.org; or
- Obtain a copy from the facility where you receive(d) services.

You may also file a complaint with:

1. HIPAA Violation

U.S. Department of Health and Human Services
Office of Civil Rights
90 7th Street, Suite 4 – 100
San Francisco, CA 94103
Phone: (800) 368-1019
TDD: (800) 537-7697
Fax: (202) 619-3717
<https://www.hhs.gov/hipaa/filing-a-complaint/index.html>

2. Health and Personal Information Privacy Violation

Department of Health Care Services
C/O Office of Legal Services
Attention: Privacy Officer
P.O. Box 997413 MS 0010
Sacramento, CA 95899-7413
Phone: (866) 866-0602
E-mail: privacyofficer@dhcs.ca.gov

State of California
Office of the Attorney General
Attention: Public Inquiry Unit
P.O. Box 944255
Sacramento, CA 94244-2550
Phone: (800) 952-5225
Fax: (916) 323-5344
http://ag.ca.gov/contact/consumer_mailthnx.php

3. Substance Use Disorder (SUD) Program Privacy Violation

Department of Health Care Services
Substance Use Disorder Services
P.O. Box 997413
MS# 2601
Sacramento, CA 95899-7413
Fax: (916) 440-5094
www.dhcs.ca.gov/individuals/Pages/Sud-complaints.aspx

Driving Under the Influence (DUI) Program

Phone: (916) 322-2964
Fax: (916) 440-5229
[Complaint Form](#)

Residential Adult Alcoholism, Drug Abuse Recovery or Treatment Facilities

Telephone: (916) 322-2911 or (877) 685-8333

5. Opioid Treatment Program (Methadone Program) Privacy Violation

Substance Abuse and Mental Health Services Administration
5600 Fishers Lane
Rockville, MD 20857
Phone: (877) 726-4727
TDD: (800) 487-4889