

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

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

## 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)



## ***Important***

- Filing a complaint with Kings View is voluntary. However, without the information requested above, it may not be possible to proceed with an investigation of your complaint.
- This information is gathered under the authority of the HIPAA Privacy Rule of 1996.
- 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](http://www.kingsview.org)

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

- On our website at [www.kingsview.org](http://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 7<sup>th</sup> 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. **Medi-Cal Beneficiaries**

California Department of Health Care Services  
Privacy Office Hotline/ Office of HIPAA Compliance (OHC)  
Phone: (916) 445-4646  
Toll-free Number: (866) 866-0602  
E-mail: [privacyofficer@dhcs.ca.gov](mailto:privacyofficer@dhcs.ca.gov)

3. **Substance Use Disorder (SUD) Program**

California Department of Health Care Services  
Substance Use Disorder Services  
P.O. Box 997413  
MS# 2601  
Sacramento, CA 95899-7413

SUD Compliance Division  
Public Number: (916) 322-2911  
Toll Free Number: (877) 685-8333  
Online: [www.dhcs.ca.gov/individuals/Pages/Sud-complaints.aspx](http://www.dhcs.ca.gov/individuals/Pages/Sud-complaints.aspx)

4. **Opioid Treatment Program (Methadone Program)**

Substance Abuse and Mental Health Services Administration  
5600 Fishers Lane  
Rockville, MD 20857  
Phone: 877-SAMHSA-7 (877-726-4727)  
TDD: 800-487-4889

5. **Complaints About Drug /Alcohol Program or Any Federally Funded Health Care Program**

United States Attorney's Office  
2500 Tulare Street, Suite. 4401  
Fresno, CA 93721  
Phone: (559) 497-4000  
Fax (559) 497-4099  
<https://oag.ca.gov/contact/consumer-complaint-against-business-or-company>

6. **General Privacy Complaints:**

Federal Trade Commission  
<https://www.ftccomplaintassistant.gov/>