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

<table>
<thead>
<tr>
<th>Last Name</th>
<th>First Name</th>
<th>Birthdate</th>
<th>Contact Phone</th>
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<thead>
<tr>
<th>Street Address</th>
<th>Apt #</th>
<th>City</th>
<th>State</th>
<th>Zip Code</th>
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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

<table>
<thead>
<tr>
<th>Person(s)</th>
<th>Program(s)</th>
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4. **WITNESSES**  
   ____ None  ____ Yes  Please list below.

<table>
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<tr>
<th>Name(s)</th>
<th>Phone # / Contact Information</th>
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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.

________________________________________________________________________________

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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
  - 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](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 7th Street, Suite 4 – 100
   San Francisco, CA 94103
   Phone: (800) 368-1019
   TDD: (800) 537-7697
   Fax: (202) 619-3717
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](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](http://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](http://www.dhcs.ca.gov/individuals/Pages/Dui-complaints.aspx)

   **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