East Carolina University
Office of Institutional Integrity
HIPAA Privacy and Security Offices

HIPAA Privacy Complaint Form

Name of person submitting the complaint:_____

Address:_____ **Phone Number:**_____

Patient Name: _____

Patient Date of Birth: _____

Reasons for this complaint:
(Please feel free to provide any information/documentation that may be useful.)

_____

_____

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_____

Date of the incident or concern (if known): _____

Name of ECU Clinic: _____

Signature: _____ **Date:** _____

Please return the completed form to:

ECU Privacy Officer
East Carolina University
Physicians Quadrangle N
600 Moye Blvd. Greenville, NC 27834
Phone: 252-744-5200
Email: HealthCarePrivacy@ecu.edu