

Greater New Orleans Health Information Exchange (GNOHIE)

Complaint Form

I am filing this complaint as a: (please check one box below)

- Patient** – individuals who receive medical services from an organization or provider that participates in the GNOHIE
- Member Organization** – a provider organization that participates in the GNOHIE
- Other** – please explain below:
-

I wish to file this complaint anonymously. (NOTE: If you select yes, please DO NOT fill out any of the identifying contact information in the section below.)

- Yes No

Contact Information

Name: _____

Phone Number: _____

Email Address: _____

Mailing Address: _____

Can we contact you for additional information if necessary?

- Yes No

Would you like to be notified of a resolution to this complaint?

- Yes No

Preferred contact method: (please check one box below)

- Email Phone Mail

Description of Complaint

What best describes your complaint? (please check one box below)

- Privacy Opt-out response time Customer Service Other

Summary of Complaint: (use back of paper if necessary)



For internal use only

Submitted by: _____ Date submitted: _____

Date received by Privacy Officer: _____

Summary of Investigation and Resolution:

Patient notification of resolution: Yes/No Date: _____ Mechanism of notification: _____

Privacy Officer Printed Name

Privacy Officer Signature

Date