

**Texas Tech University Health Sciences Center**  
**Privacy Complaint Form**

Contact information *(Please print legibly)*:

Name \_\_\_\_\_ DOB: \_\_\_\_\_

Address \_\_\_\_\_ City, State, ZIP \_\_\_\_\_

Phone number \_\_\_\_\_

TTUHSC values the privacy of its patients and is committed to operating our practice in a manner that promotes patient confidentiality while providing high quality patient care.

If the staff at TTUHSC has fallen short of this goal, we want you to notify us. Please be assured that your complaint will be kept confidential. Please use the space provided below to describe your complaint. It is our intent to use this feedback to better protect your rights to patient confidentiality. You will not be penalized or be subjected to retaliation for filing a complaint. Please attach additional sheets if more space is needed.

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<b>Contact Information:</b>			
TTUHSC Regional Privacy Officer 3601 4 <sup>th</sup> St MS 8108 Lubbock, TX 79423	TTUHSC Regional Privacy Officer 1400 Coulter Amarillo, TX 79106	TTUHSC Regional Privacy Officer 4800 Alberta El Paso, TX 79905	TTUHSC Regional Privacy Officer 800 W 4 <sup>th</sup> St Odessa, TX 79763
Hotline: 1-800-HSC-8111		<a href="http://www.ttuhscc.edu/hipaa">www.ttuhscc.edu/hipaa</a>	
Office for Civil Rights, U.S. Department of Health & Human Services, (214) 767-4056 <a href="http://www.hhs.gov/ocr/privacyhowtofile.htm">http://www.hhs.gov/ocr/privacyhowtofile.htm</a>			

\_\_\_\_\_ Date

\_\_\_\_\_ Time

\_\_\_\_\_ Signature