

# Texas Tech University Health Sciences Center

## Privacy Complaint Form

Contact information (*Please print legibly*):

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

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

Phone number: \_\_\_\_\_ DOB: \_\_\_\_\_

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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### Contact Information:

TTUHSC Shauna Baughcum Institutional Privacy Officer 3601 4 <sup>th</sup> St., MS 8165 Lubbock, TX 79430	TTUHSC Alicia Krizan Regional Privacy Officer 1400 Coulter Amarillo, TX 79106	TTUHSC Yvette Quintana-Chavez Regional Privacy Officer 4800 Alberta El Paso, TX 79905	TTUHSC Kristen Levario Regional Privacy Officer 701 W Fifth St. Odessa, TX 79763
US Department of Health and Human Services, Office for Civil Rights <a href="http://www.hhs.gov/ocr/privacyhowtofile.htm">http://www.hhs.gov/ocr/privacyhowtofile.htm</a> (214) 767-4056			

\_\_\_\_\_  
Date                      Print Name                      Signature  
(Patient or Other Legally Authorized Person)

\_\_\_\_\_  
Time                      Witness/Translator                      Relationship to Patient