



## Naval Dental Center, Pearl Harbor

### HIPAA Patient Complaint Form

**Today's Date:** \_\_\_\_\_

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

**Beneficiary's Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Phone/Email:** \_\_\_\_\_

**Date of Occurrence:** \_\_\_\_\_

**Place of Occurrence:** \_\_\_\_\_

**Concern(s)** *(How was the patient's protected health information (PHI) violated?)*:

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**Submitted By:**

**Name:** \_\_\_\_\_ **Location:** \_\_\_\_\_

**Contact Number** *(including Area Code)*: \_\_\_\_\_

**Signed:** \_\_\_\_\_ **Department:** \_\_\_\_\_

Complete and return this form to:  
 HIPAA Privacy Office  
 Attn: LTJG R. Stacey  
 Naval Dental Center  
 1253 Makalapa Gate Road  
 Bldg 1407-B  
 Pearl Harbor, HI 96860-4479  
 Phone: (808) 473-0495 X-400  
 Email: [hipaamail-ndc-pearl@ndcph.med.navy.mil](mailto:hipaamail-ndc-pearl@ndcph.med.navy.mil)

*(For Internal Use Only)*

**Action(s) Taken:** \_\_\_\_\_

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_