Date Completed:

Northern Berkshire eHealth Summary Privacy Complaint Form

User Noted in Complaint:

Person Completing Form:

Name of Person Making Complaint:

Date of Occurrence:

Practice Name:

Description of Complaint:

(For Practice Liaison or Designee to Complete)

Did a violation of patient privacy or information security occur? _____ Yes _____ No

If yes, at what sanction level: ___ Unintentional ____ Intentional

Was the user informed that this decision may be appealed with the practice administration?

_____ Yes _____ No

Please complete these two sections and mail or deliver the form to: eHealth Network Administrator, David Delano, 71 Hospital Ave., Clark House 3rd Floor, North Adams, MA 01247. Fax to: (413) 664-5322.

(For Central Network Organization or Designee to Complete)

Outcome:

Please note that all findings may be appealed with the practice administration