

Simplot HIPAA Privacy Policy Complaint Form

First Name _____ Last Name _____

Home Phone (____) ____-____ Work Phone (____) ____-____

Street Address _____ City _____

State _____ Zip _____

Are you filing this complaint for someone else? Yes ☐ No ☐

If yes, whose health information privacy rights do you believe were violated?

First Name _____ Last Name _____

Describe what happened. ***How, why, and when*** do you believe your (or someone else's) health information privacy rights were violated, or the HIPAA Privacy Rule was otherwise violated? Add any other relevant information. (Attach additional pages as needed)

Documents attached include: (please list)

Signature of Individual or Authorized Representative

Date

Relationship of Authorized Representative

Please return this form to: Attention: HIPAA Privacy Officer
J.R. Simplot Company
P.O. Box 27
Boise, ID 83707
Email: privacyofficer@simplot.com