



HORNER EYE CARE, LTD.

Date Received: _____
Date Processed: _____

10016 Main Street | Richmond, IL 60071 | Phone: 815-678-3937 | Fax: 815-678-3737

HIPAA Privacy Complaint Report

Reported by: _____	Are you filing this complaint for someone else? <input type="checkbox"/> Yes <input type="checkbox"/> No
Contact Information: _____ _____	If Yes, whose health information privacy rights do you believe were violated?
Phone () _____ Email _____	Name: _____

Statement of Complaint: _____

Date of Occurrence: ____/____/____
 How would you like the issue resolved: _____

Individuals filing a complaint may submit this form to: Horner Eye Care, 10016 Main Street, Richmond, IL 60071

X _____
Signature

_____/_____/_____
Date