

**APPALACHIAN STATE UNIVERSITY
COMMUNICATION DISORDERS CLINIC**

COMPLAINT FORM

This form may be used to file an official complaint about privacy practices or HIPAA compliance.

If you believe your privacy rights have been violated, you may file a complaint with the clinic or with the Secretary of the Department of Health and Human Services. We will investigate your complaint and give you a written answer. All complaints must be submitted in writing. You will not be subjected to any retaliation for filing a complaint.

Person Filing Complaint: _____

Address: _____

Telephone: _____

Please give a short statement of your complaint:

Please give a short statement of how you would like your complaint to be solved:

I certify that the statements made in this complaint are true and correct to the best of my information and belief.

Client, Parent, or Legal Guardian

Date