



COMPLAINT FORM

The West Virginia Health Information Network (WVHIN) accepts complaints concerning adverse events or any aspect of its operations from patients, authorized users, participating organizations, business associates or other individuals. All complaints must be submitted on this complaint form. To file a complaint, please complete the information in sections I and II.

I. CONTACT INFORMATION

<i>Name (Last, MI, First)</i>	<i>Phone Number</i>
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<i>Address - Street/PO Box</i>	<i>City</i>	<i>State</i>	<i>Zip</i>
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II. DESCRIPTION OF COMPLAINT

I am filing this complaint as a... *(please check one box below)*

- Patient** – this includes individuals who receive medical services from a doctor or other healthcare provider
- Authorized User** – this includes individuals who access WVHIN services as a role of their job function
- Participating Organization** – this includes organizations that have entered into a contractual relationship with the WVHIN
- Business Associate** – this includes individuals or organizations that disclose personal health information
- Other** *(please identify)* - _____

Please use the lines below to describe your complaint. If you need more space, please use the back of this form. Also include the date of the event that caused you to file this complaint.

The event that caused me to file this complaint occurred on: _____ *(enter date)*

This completed form should be mailed to:

West Virginia Health Information Network
 100 Dee Drive
 Charleston, WV 25311
 Attn: Privacy Officer

The WVHIN will acknowledge receipt of your complaint, investigate it, and make every effort to resolve the complaint within a reasonable time frame. Most complaints are resolved within 30 days. Should you have any questions, please call the WVHIN office at 304-558-4503.

I acknowledge that all of the above information is true and accurately reflects the description of the complaint, to the best of my knowledge.

<i>Signature</i>	<i>Today's Date</i>
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