

## **PRIVACY COMPLAINT FORM**

Nationwide Children's Hospital, values the privacy of your medical and health information. If you believe that anyone at Nationwide Children's has inappropriately used or shared information about your health status or other personal information, please let us know by completing this form. Our Privacy Officer will review your complaint and all reasonable efforts made to resolve it.

Please describe the complaint you are making (attach additional pages if necessary)

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May we contact you if we need additional information?

Yes  No

Are there documents available that we should look at for additional information? If so, please describe. \_\_\_\_\_

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Which department(s) was involved: \_\_\_\_\_

Names of individuals involved if known: \_\_\_\_\_

Providing contact information is optional and I understand that if I choose not to provide this information, Nationwide Children's will be unable to contact me personally with any information regarding resolution of the problem:

Name \_\_\_\_\_

Telephone number \_\_\_\_\_

Full Address \_\_\_\_\_

Mail completed form to:

Nationwide Children's  
Attention: Privacy Officer  
700 Children's Drive  
Columbus OH 43205