OPTOMETRY SERVICES

PRIVACY COMPLAINT FORM

The Ohio State University College of Optometry values the privacy of your personal health information. If you believe that anyone involved with The Ohio State University College of Optometry has inapropriately used or disclosed your personal health information, please let us know by completing this form. The Ohio State University College of Optometry Privacy Officer will review your complaint and all reasonable efforts will be made to resolve it.

Please provide enough information so the complaint you are making may be understood (attach additional pages if necessary).

Are there documents available that provide additional information for review? If so, please provide information on the description and location.

May you be contacted if additional information is needed? ○ Yes (Please include contact information below) ○ No

The following information is optional:

Name _____ Date of Birth _____

Street Address _____

City _____ State _____ Zip _____

Phone _____ E-mail Address _____

Please return this form and any supporting documentation to:
HIPAA Privacy Officer, The Ohio State University College of Optometry,
1664 Neil Ave., Columbus, OH 43201, 614-292-2020.

THE OHIO STATE UNIVERSITY
COLLEGE OF OPTOMETRY