

**DAVIS PSYCHOLOGICAL SERVICES CONSULTING, PLLC**

**Complaint Form**

Under HIPAA, you have the right to file a complaint with this office regarding our privacy practices, including our notice of privacy practices and other privacy procedures. If you are not satisfied with your experiences here, we want to hear from you so that we can provide our services to you in ways that we both find satisfactory. You have also the right to file a complaint with the Secretary of the U.S. Department of Health and Human Services at 200 Independence Avenue SW., Washington, D.C. 20201.

If it is a clinical matter, we encourage you first to speak with your treating therapist. If It is an administrative-privacy concern, you can talk to our privacy officer, Toby Davis. If you are not satisfied or the problems still continues, please fill out this simple form and I assure you it will be investigated. We will try our best to fix it and to repair any damage that has been done. Also, I promise you that we will not in any way limit your care here or take any actions or retaliation against you if you bring a problem to our attention. You are entitled to receive a copy of this complaint.

Client's name \_\_\_\_\_ Date of birth \_\_\_\_\_

Identification No. \_\_\_\_\_ Telephone number \_\_\_\_\_

Client's address \_\_\_\_\_

What is or was the problem? \_\_\_\_\_

What would you like to see done about the problem?

\_\_\_\_\_  
\_\_\_\_\_

Signature of client or personal representative \_\_\_\_\_ Date: \_\_\_\_\_

Printed name of client/personal representative: \_\_\_\_\_

Relationship to client: \_\_\_\_\_