



Privacy Complaint Form

Contact information *(Please print legibly)*:

Name: _____

Address: _____ City, State, ZIP: _____

Phone number: _____ DOB: _____

Texas Tech University Health Sciences Center El Paso (TTUHSC El Paso) values the privacy of its patients and is committed to operating our practice in a manner that promotes patient confidentiality while providing high quality patient care.

If the staff at TTUHSC El Paso has fallen short of this goal, we want you to notify us. Please be assured that your complaint will be kept confidential. Please use the space provided below to describe your complaint. It is our intent to use this feedback to better protect your rights to patient confidentiality. You will not be penalized or be subjected to retaliation for filing a complaint. Please attach additional sheets if more space is needed.

Contact Information:

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Institutional Privacy Officer

5001 El Paso Drive, El Paso, Texas 79905

US Department of Health and Human Services, Office for Civil Rights

<https://www.hhs.gov/ocr/filing-with-ocr/index.html>

1-800-368-1019

Date	Print Name	Signature (Patient or Other Legally Authorized Person)
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Time	Witness/Translator	Relationship to Patient
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