

**SAN FRANCISCO  
HEALTH SERVICE SYSTEM**

Affordable, Quality Benefits & Well-Being

**COMPLIANT FORM FOR VIOLATION OF PRIVACY RIGHTS**

You may file a complaint with the Health Service System if you believe your privacy rights have been violated. You will not be retaliated against or penalized for filing this complaint. All complaints must be submitted in writing.

Please use the space provided below to make a complaint to the Health Service System. Be as specific as possible, stating dates where applicable. Use a separate sheet of paper, if necessary. We will respond to your complaint as soon as administratively feasible.

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\_\_\_\_\_  
PRINT YOUR NAME

\_\_\_\_\_  
SOCIAL SECURITY NUMBER

\_\_\_\_\_  
BIRTH DATE

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
DATE

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For further information, please contact or consult:  
Marina Coleridge, Privacy Officer  
City & County of San Francisco  
Health Service System  
1145 Market Street, 3<sup>rd</sup> Floor  
San Francisco, CA 94103

See our Notice of Privacy Practices available online at [myhss.org](http://myhss.org). A printed copy is also available upon request from the Health Service System.

**For HSS Use Only:**

Date received: \_\_\_\_\_

Date accounting provided: \_\_\_\_\_

Comments: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
Staff Member Signature

\_\_\_\_\_  
Date