Ability Health & Rehabilitation, LLC.
4696 W. Overland Rd. #224, Boise Idaho 83705
Phone: 208-333-9578
Fax: 208-333-9582

# Complaint Form

Client Name: _____Date of Birth: _____

Address: _____

Phone: _____

Medicaid #: _____ SS #: _____

**This form is used to file an official complaint about Privacy Practices and Compliance.**

I believe the following named entity(ies), practice(s), or individual(s)

1. _____
2. _____
3. _____

has/have violated my health information in the following manner: (Please describe any acts or decisions believed to be in violation of Notice of Privacy Practices.

1. _____
2. _____
3. _____

I understand that this practice will apply appropriate sanctions against named entity(ies), practice(s), or individual(s) who fail to comply with established privacy policies and procedures.
Please give a plain statement of how you would like your complaint to be solved.

_____

_____

_____

_____

*I certify that the statements made in this complaint form are true and complete to the best of my knowledge.

**Client Signature: _____ Date: _____**

**Signature of Guardian: _____ Date: _____**

**Relationship to Client: _____**