



First Atlantic HealthCare

### Complaint Regarding Uses or Disclosures of Health Information Form

This form is to be used to file a complaint with Facility regarding its privacy policies and procedures, and its compliance with those policies and procedures or the federal privacy rule. When this form is complete, please return it to:

Andrea Otis-Higgins, Chief Privacy Officer  
First Atlantic Healthcare  
100 Waterman Drive Suite 401, S. Portland, ME 04106  
[aotis-higgins@firstatlantic.com](mailto:aotis-higgins@firstatlantic.com)  
cell: 207- 653-1709 office direct line and fax: 207-619-7923

Resident's Information	Requestor's information (if not the resident)
Name _____	Name _____
_____	_____
Social Security Number	Relationship to the resident
_____	_____
Date of Birth	Source of legal authority

Date of incident: \_\_\_\_\_ /or [ ] the practice is ongoing

Time of incident: \_\_\_\_\_ /or [ ] Not applicable

Please describe the practice/incident about which you wish to complain (attachments as needed):

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

Name & title of person(s) involved, if known:

\_\_\_\_\_

Please describe why you believe that this practice or incident was/is improper:

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

Please attach any documentation that supports your complaint to this form.

I certify that the information recorded above is true to the best of my knowledge, and that I have a good faith belief that such practice or incident is a violation of federal laws regarding the handling of a resident's health information or of the facility's privacy policies and procedures.

\_\_\_\_\_  
Signature Date