

COMPLAINT OF PRIVACY BREACH

<i>Name of person whose Privacy may have been breached:</i>		<i>Date of Incident:</i>
<i>Address: Street, City, State, Zip</i>		<i>Phone Number</i>
<i>Date of Birth:</i>	<i>Medical Record Number(If known)</i>	<i>Alternate Phone Number</i>
<i>Name of person making complaint (if different from above):</i>		<i>Relationship</i>
Type of Private Data involved: ___ Health Information ___ Personal Identifying Information ___ Academic Information ___ Personnel Information Other: _____		
I feel that my / this person's privacy has been breached in the following way: 		
This is how I would like to have this issue resolved: 		
Signature: _____		Date: _____

Thank you for the opportunity to improve our services. We want to assist you in any way we reasonably can. Please keep a copy of this form and mail, fax or bring one to the UF Privacy Office. A representative will contact you to discuss your concerns.

Email: privacy@ufl.edu Mail: PO Box 100014, Gainesville, FL 32610 Fax: 352-392-6661