



## PRIVACY COMPLIANCE COMPLAINT FORM

*Use this form to file an official complaint about our privacy practices or compliance.*

You have the right to file a complaint with us about our privacy practices or our compliance with our Privacy Policies and Procedures, or federal or state privacy rules or law. We will investigate your complaint, and give you our written answer. We will not require you to give up any right you may have under federal or state privacy or other law to file your complaint, and filing your complaint will not cause us to treat you badly in any way. To exercise this right, please complete, sign and date Sections I and II below, then submit this claim to us at: *Cognitive Dynamic Therapy Associates, 155 North Craig St, Suite 170, Pittsburgh PA 15213*. If you have questions, or if you need more information or help to complete your complaint, please contact us at the same location. You may also file a complaint with the U.S. Department of Health and Human Services. For information about how to do that, please contact us.

### SECTION I: YOUR COMPLAINT

Your Name: \_\_\_\_\_

Your Address: \_\_\_\_\_

Your Phone Number: \_\_\_\_\_ Social Security Number: \_\_\_\_ / \_\_\_\_ / \_\_\_\_\_

(a) Please give a short statement of your complaint:

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

(b) Please give a short statement of how you would like your complaint to be resolved:

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

### SECTION II. SIGNATURES

I certify that the statements made in this complaint are true and correct to the best of my information and belief.

\_\_\_\_\_  
Your Signature

\_\_\_\_\_  
Date

If this complaint is filed by a representative for the person who is filing the complaint, please complete the following:

\_\_\_\_\_  
Person's Representative's Name

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Relationship to the Person