

Complaint Form

Counseling and Life Management: CALM Laura Doerflinger-Schneider, MS, LMHC

Counseling and Life Management: CALM 8752 122nd Ave NE Kirkland, WA 98033 206-300-2550

Under HIPAA, you have the right to file a complaint with this office regarding our privacy practices, including our Notice of Privacy Practices and other privacy procedures. If you are not satisfied with your experiences here, we want to hear from you so that we can provide our services to you in ways that we both find satisfactory. You also have the right to file a complaint with the Secretary of the US Department of Health and Human Services at 200 Independence Ave. S.W. Washington, D.D. 20201.

If it is a clinical matter, we encourage you first to speak with Ms. Doerflinger-Schneider. If it is an administrative-privacy concern, you can talk to Ms. Doerflinger-Schneider. If you are not satisfied or the problems still continues, please fill out this simple form and I assure you it will be investigated. I will try my best to fix it and to repair any damage that has been done. Also, I promise you that I will not in any way limit your care here or take any actions or retaliation against you if you bring a problem to my attention. You are entitled to receive a copy of this complaint.

Client's name _____ Date of birth _____

Telephone number _____

Client's address _____

What is or was the problem?

What would you like to see done about the problem?

Signature of client or his/her personal representative: _____ Date: _____

Printed name of client/personal representative: _____ Relationship to client: _____

Privacy Officer: _____ Phone: _____

Note: The Privacy Officer must respond to the client's complaint within 30 days from the time that s/he receives this form.