

# UNIVERSITY OF PITTSBURGH SCHOOL OF DENTAL MEDICINE PRIVACY PRACTICES

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## COMPLAINT

### To the Patient:

You have the right to file a complaint with us about our privacy practices or our compliance with our Notice of Privacy Practices, our Privacy Policies and Procedures, or federal or state privacy rules or laws. We will not require you to waive any right you may have under federal or state privacy or other law to file your complaint, nor will filing your complaint adversely affect our treatment of you. To exercise this right, please complete, sign and date Sections A and B below, then submit this complaint to us at:

Privacy Officer: W. H. Milligan, III, PhD, DMD  
University of Pittsburgh School of Dental Medicine  
440 Salk Hall  
3501 Terrace Street  
Pittsburgh, PA, 15261

Telephone: (412) 383-9839  
Fax: (412) 648-8219  
E-mail: [wim2@pitt.edu](mailto:wim2@pitt.edu)

You may, in addition or in the alternative to filing a complaint with us, file a complaint with the United States Department of Health and Human Services. For information on the procedures for doing that, please contact us at the above location.

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### SECTION A: PATIENT LODGING COMPLAINT

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

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

Telephone: \_\_\_\_\_ E-mail: \_\_\_\_\_

Patient #: \_\_\_\_\_ Social Security #: \_\_\_\_\_

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### SECTION B: PATIENT COMPLAINT

Please give a concise, plain statement of your complaint:

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Please give a concise, plain statement of the resolution you seek for your complaint:

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