

Springhill Medical Center  
 Submit to: Candace Matheny (email: [candace.matheny@springhill.org](mailto:candace.matheny@springhill.org))  
 3719 Dauphin Street\*P.O. Box 8709  
 Mobile, Alabama 36608  
 (251) 344-9630

**Privacy and Security Complaint Form**

*Top portion to be filled out by person submitting form*

Facility:		Department:	
Person Submitting Form Information	Name:	Contact Number (s)	
SUMMARY OF POTENTIAL VIOLATION: <i>(include who, what, when, where and how)</i>			
Patient's Name (if applicable):			
Patient's Account # (If applicable):			
What:			
How:			
Who:			
When: <i>(Please enter date <b>AND</b> time of Occurrence)</i>			
Additional Comments			
Number of Patients Affected:		Number of Incidents/Locations Affected:	

*Below portion should be filled out by HIPAA Privacy and Security Officer*

INVESTIGATION DOCUMENTATION:	
Person(s) Notified of potential violation:	Date Notified:
Investigation Notes:	
Final Determination:	
Action Plan:	