



## PRIVACY AND SECURITY FORM

Date: \_\_\_\_\_

The Jordan Hospital values the privacy and security of your personal health information. If you believe that your medical or personal health information has been potentially compromised, please let us know by completing this form. Please provide enough information that we may understand the scope of the concern you are making (attach additional pages if necessary).

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1. May we contact you if we need additional information in investigating your concern?

Yes  No

2. Would you like us to contact you with the results of our investigation?

Yes (If yes, fill in the information below)  No

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

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

\_\_\_\_\_

Telephone #: \_\_\_\_\_

3. Are there any documents available that we should look at or obtain, for additional information regarding your concern? If yes, please provide a description and location of each document.

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4. Please describe what you see as an acceptable resolution/outcome to this complaint. Please know we cannot guarantee your suggested outcome but sincerely appreciate your input.

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The Jordan Hospital values all feedback from patients, families, visitors, and employees so that we may better serve you. Please return this form to the **Jordan Hospital Compliance Department, 275 Sandwich Street, Plymouth, MA 02360**. A member of our Compliance Department will review your concern and all reasonable efforts will be made to resolve it.