ALBUQUERQUE PUBLIC SCHOOLS
HIPPA Privacy Rule - Complaint Form

As a client of APS, you have a right to file a complaint with regard to the policies and procedures, practices and overall compliance regulations with the associated HIPAA Privacy Rule.

1. Name of Client	**1a. Identifying Number**
1b. Date of Birth	
2. Your Name	**2a. Relationship to Person in Box 1**
3. Mailing address	**3a. City, State and Zip Code**

Nature of your complaint about HIPAA Privacy Rule (briefly describe the situation and how your privacy rights were violated, by whom and when):

Signature	Date

Please return completed form to:

Albuquerque Public Schools
Director of Risk Management – HIPPA Privacy Official
3315 Louisiana Boulevard NE, Albuquerque, NM 87110
Phone: (505) 880-8249 ext. 315 Fax: (505) 881-2309