



ALBUQUERQUE PUBLIC SCHOOLS HIPAA 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.

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|---------------------------|--|
| 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 – HIPAA Privacy Official
3315 Louisiana Boulevard NE, Albuquerque, NM 87110
Phone: (505) 880-8249 ext. 315 Fax: (505) 881-2309