

# Formal Complaint Regarding Patient Privacy Violations

Date: [Insert Date]

[Your Name]

[Your Address]

[City, State, Zip Code]

[Email Address]

[Phone Number]

[Hospital Name]

[Hospital Address]

[City, State, Zip Code]

Dear [Hospital Administrator's Name],

I am writing to formally submit a complaint regarding serious violations of patient privacy that I experienced at [Hospital Name] on [Date of Incident].

On this date, I witnessed [describe the incident in detail, including any specific individuals involved, locations, and the nature of the privacy violation]. This incident has raised significant concerns about the safeguarding of sensitive patient information and the hospital's adherence to HIPAA regulations.

I believe such violations contravene the ethical obligations of healthcare providers and compromise the trust patients place in your institution. I kindly request a thorough investigation into this matter and appropriate measures to prevent future occurrences.

I look forward to your prompt response and action regarding this serious issue.

Thank you for your attention to this matter.

Sincerely,

[Your Name]