

**FIRSTSIGHT VISION SERVICES, INC.
COMPLAINT UNDER PRIVACY RULE**

This is a complaint regarding the actions, policies and procedures, or Notice of Privacy Policies of FirstSight Vision Services, Inc. (the “Company”) and/or regarding actions of the Company with respect to the individually identifiable health information of _____ [name of patient]. Filing this complaint form will not affect the treatment you receive from the Company nor will the Company retaliate against you in any manner in response to your complaint.

Please complete the following form, sign and date it, and return it to:

**Privacy Officer
FirstSight Vision Services, Inc.
1202 Monte Vista Avenue, Suite 17
Upland, CA 91786**

If you have any questions or concerns regarding this form or where to send it, please contact the Privacy Officer at 800-841-2790. You may also file a copy of this complaint or another complaint in lieu thereof with the United States Department of Health and Human Services, Office for Civil Rights, HIPAA, 200 Independence Avenue, S.W., Washington, DC 20201. For filing information for the Office of Civil Rights, please contact the Company at the number or address listed above.

Complaint

Please provide a short description of your complaint and how you would like the Company to address or resolve your complaint.

check here if additional pages are attached.

I certify that the statements made in this complaint are true and correct to the best of my knowledge and belief.

Printed name of person making Complaint: _____
Address: _____
Telephone: _____
E-mail: _____

Signature of Patient

-or-

Signature of Personal Representative of Patient

Date Signed

Relationship of Personal Representative to Patient

COMPLAINANT - PLEASE RETAIN A COPY FOR YOUR RECORDS