[Insert Letterhead]

**Receipt of Complaint**

Dear [Insert patient name],

On [Insert date], we received your complaint. We have begun an investigation into your complaint and will provide you with notification when our investigation is complete.

You also have the right to file a complaint with the Department of Health and Human Services Office for Civil Rights, [Insert regional address]. The complaint should be directed to the regional manager. He/she may be reached at [Insert phone number] or by fax at [Insert fax number].

If you have any questions, please call [Insert Covered Entity contact name and information]. If you would like to review our notice of privacy practices, please let us know and one will be sent to you.

Sincerely,

[Insert Covered Entity contact name and information]