

4. What is the date or time frame that your personal health information was used by (within) the trustee?

5. Explain why you believe that the use was a breach of your privacy.

6. Describe any actions you have taken to resolve your privacy concern with the trustee. Include the names of any staff you have spoken to about your privacy concern. Please attach any correspondence you had with the trustee about your privacy concern.

Your Name: _____ Daytime Telephone Number: _____

Mailing Address: _____
