[Insert Letterhead]

**Completion of Investigation**

Dear [Insert Patient name],

On [Insert date], we received your complaint regarding [Insert Specifications]. We have investigated your complaint by interviewing individuals involved and by reviewing our privacy policies and practices. Based upon that investigation, we have taken appropriate action so the events you described are not repeated. We appreciate you bringing this matter to our attention.

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

If you have any questions, you may 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]