



**COMPLAINT FORM
for Individuals**

CONSENT FORM

I, _____, hereby provide consent and authorization as follows:

I understand that the American Board of Medical Genetics and Genomics (the "ABMGG") shall attempt to maintain, but does not guarantee, the confidentiality of complaints or corroborating material.

I hereby authorize the ABMGG to release the complaint and any corroborating information to the Respondent, the ABMGG Board of Directors, their respective attorneys, and other parties authorized by the Respondent, required by law, or necessary in the discretion of the ABMGG to protect patient well-being.

INFORMATION SUBMITTED BY A COMPLAINANT, A SUBSTANTIATOR OR A RESPONDENT SHOULD NOT CONTAIN ANY PATIENT'S INDIVIDUALLY IDENTIFIABLE HEALTH INFORMATION (PERSONAL HEALTH INFORMATION OR "PHI") UNLESS APPROPRIATE HIPAA AUTHORIZATION HAS BEEN RECEIVED FROM THAT PATIENT. UNAUTHORIZED PHI WILL NOT BE CONSIDERED BY THE ABMGG.

Signature _____

Date _____