

7.40 Patient Privacy Complaint Form

This form is provided so that we may address your concerns with the privacy policies and procedures of our practice. We will mail a response to your complaint within five (5) working days. Please print and complete the following information (attach additional pages as necessary):

Date: _____

Patient Name: _____

Mailing Address (where a response should be sent):

Privacy Complaint – please specify your concerns with our privacy policies/procedures:

Response: A response was provided on _____

