

CLEVELAND MEDICAL ASSOCIATES, PLLC.

COMPLAINT

To the Patient:

You have the right to file a complaint with us about our privacy practices or our compliance with our Notice of Privacy Practices, our Privacy Policies and Procedures, or federal or state privacy rules or law.

PATIENT LODGING COMPLAINT:

Name: _____

Address: _____

Telephone: _____ E-mail: _____

PATIENT'S COMPLAINT

Please give a concise, plain statement of your complaint:

Please give a concise, plain statement of the resolution you seek for your complaint:

PATIENT'S SIGNATURE

I certify that the statements made in this complaint are true and correct to the best of my information and belief.

Signature: _____ Date: _____

This Complaint may be signed on behalf of the patient by a personal representative who completes the following:

Personal Representative's Name: _____

Relationship to Patient: _____

YOU ARE ENTITLED TO A COPY OF THIS COMPLAINT.