

*Lake Podiatry, PA
144 Highland Street
Unit One
Plymouth, NH 03264*

Patient's Complaint Regarding Privacy Practices

Patient Name: _____ Patient ID#: _____

Address: _____ Home Phone: _____

City/State/Zip: _____ Work Phone: _____

Under the federal Privacy Rule, Section 164.530(d) patients have the right to submit a formal complaint to the Practice if they believe their privacy rights have been violated or if they believe the Practice has not complied with its own policies and procedures.

Patients may also file a formal complaint to the Secretary of the U.S. Department of Health and Human Services.

Patients will not be intimidated, threatened, retaliated or discriminated against for filing a complaint.

Please contact me if you need further information and respond to me to advise me as to how you have resolved my complaint at the above address or as designated below:

The nature of my complaint is as follows:

Signature of Patient or Legal Representative

Date

*Lake Podiatry, PA
144 Highland Street
Unit One
Plymouth, NH 03264*

FOR PRACTICE USE ONLY

Patient Complaint Regarding Privacy Practices

Date Complaint Received _____

Received By: _____

Date Resolved: _____

Resolved By: _____

This Complaint was investigated and resolved as follows: