

MINOR & JAMES MEDICAL, PLLC

Privacy Complaint

This form may be used to submit a complaint about our privacy policies and practices, or compliance with those policies. We try to respond to complaints within 30 days of receiving them. You may expect to receive a written response within that approximate time frame. You will not be retaliated against for filing a complaint. Complaints must be made in writing.

To submit a complaint, please complete and sign this form and return it to:

Office of the Medical Director
Minor & James Medical, PLLC
515 Minor Avenue, Ste 200
Seattle, WA 98104

Patient's Name (print): _____

Patient Account #: _____ D.O.B.: _____ Social Security #: _____

Address: _____

Phone # (H): _____ (W): _____

Please describe the nature of your concerns. If your concerns center around a particular patient-care incident, please provide the dates of service if possible: _____

What response do you desire, if any? _____

If you are not the patient, please fill in the following:

Name (print): _____

Relationship to the patient: _____

Address (if different than above): _____

Phone # (if different than above): (H) : _____ (W): _____

Signature: _____ Date: _____

For Clinic Purposes Only:

1. Form must be on yellow paper.