

ACUITY EYE GROUP
AND ITS AFFILIATED COVERED ENTITIES PRIVACY COMPLAINT

NAME: _____

ADDRESS: _____

TELEPHONE: _____

If this complaint relates to a specific patient, please fill out the following information:

Patient's Name: _____

Patient's Birth Date: _____

Address (if different from above): _____

Telephone (if different from above): _____

DESCRIBE THE NATURE AND DETAILS OF YOUR COMPLAINT. (Please include specific details such as specific personnel involved and the date and location of the event of concern to you. Attach additional pages if necessary.)

WOULD YOU LIKE TO RECEIVE ADDITIONAL COMMUNICATION REGARDING THE RESOLUTION OF THIS ISSUE?

YES _____ NO _____

SIGNATURE: _____ DATE: _____

All complaints must be submitted in writing to:

Privacy Officer
Acuity Eye Group
100 E California Blvd
Pasadena, CA 91105