



**GARNER RHEUMATOLOGY
& INFUSION CENTER**

810 Timber Drive, Garner, NC 27529 • Tel 919-747-9040 • Fax 1-866-837-8477
www.garnerrheumatology.com

PRIVACY COMPLAINT FORM

I, _____, would like to make a complaint about the privacy practices and/or procedures at Garner Rheumatology and Infusion Center, PLLC ("**Practice**"). The following is my statement (please include specific details such as specific personnel involved and the date and location of the event of concern to you):

Patient Signature: _____ Date: _____ DOB: _____

Patient Printed Name: _____

Privacy Officer Action / Comments (Action Must Be Taken Immediately Upon Complaint):	
<input type="checkbox"/> Patient Contacted	
<input type="checkbox"/> Investigation Commenced	
Signature of Privacy Officer:	Date: