

PATIENT COMPLAINT FORM

TO OUR PATIENTS: You have the right to make a complaint concerning our HIPAA policies and procedures or our compliance with these policies and procedures.

We encourage you to submit your complaint to **MD ORTHOTIC & PROSTHETIC LABS, INC.** first. However, you do have the right to complain directly to the Secretary of the Department of Health and Human Services.

We will make every attempt to address your complaint immediately. If you do submit a complaint, **MD ORTHOTIC & PROSTHETIC LABS, INC.** will not intimidate, threaten, coerce, discriminate against, or take other retaliatory action against you, and will not compromise your treatment in any way.

Patient Name: _____

Complaint:

Signature of Patient

Date

Signature of MD ORTHOTIC & PROSTHETIC LABS, INC. Contact officer