



Crossville Medical Group Professional Association

100 Lantana Road, Suite 202, Post Office Box 548, Crossville, TN 38557
(931) 484-5141
www.cmgmd.net



Privacy Complaint Form

I, _____ (Print Name), am registering a formal complaint regarding Crossville Medical Group.

The complaint involves:

- Appropriateness of Crossville Medical Group's privacy policies and processes.
- My privacy rights to notice, consent, authorization, access, amend, request restrictions, confidential communications or accounting of disclosures.
- Inappropriate handling of protected health information.
- Other

A detailed description of the privacy issue involved in the complaint is provided below:

The incident or problem occurred on _____ (month/day/year), if applicable.

I can be reached at _____ (please provide a day time number).

DATE: _____

PATIENT SIGNATURE

Please use the following mailing address for a formal response to this complaint.

PRINT MAILING ADDRESS:

City: _____ State: _____ Zip Code: _____

If you would like to follow up on the status of your complaint, please contact:

X **Gary Burton** (931) 484-5141
Printed Name of Privacy Officer

For Office Use Only (on the Back)



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_____ Dismissed _____ Investigated _____ Invalid _____ Has Merit

Summary of investigation:

Response to complaints with merit:

Staff involved in review:

NAME: _____ DATE: _____

NAME: _____ DATE: _____

NAME: _____ DATE: _____

NAME: _____ DATE: _____