

MAYFIELD Privacy Complaint Form

The Mayfield Clinic values the privacy of its patients and is committed to operating its medical practices in a manner that promotes patient confidentiality while providing high quality patient care.

If you believe that anyone within Mayfield Clinic has fallen short of this goal, we want you to notify us by using the Privacy Complaint form. Please be assured that your complaint will be kept confidential. Your complaint will be reviewed by the Mayfield Clinic Privacy Officer, and all reasonable efforts will be made to resolve it.

Complaint Form:

Please use the space provided below to describe your complaint, including as much detail as possible.

May we contact you if we need additional information? Yes No

The following information is required so that we may respond to your complaint. If you choose not to provide this information we will be unable to contact you.

Name _____

Address _____

City _____ State _____ Zip _____ Phone () _____ - _____

Dates _____ Send to: Privacy Officer, Mayfield Clinic, 3825 Edwards Road, Suite 300, Cincinnati, OH 45209

FOR INTERNAL USE ONLY

Date complaint received _____

Action required? Yes No

Action Taken _____

Was complaint resolved? _____

Name of person completing this form _____

*The complaint and this complaint intake form must be retained for a period of six years.
Please provide all documents to Privacy Officer for retention.*