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PATIENT COMPLAINT/RECOMMENDATION FORM Dear Patient, It is our constant desire to provide the best possible service to our patients, while providing a safe and confidential environment. We are providing this form in an effort to address any possible complaints or concerns that you may have in the receipt of this care or in the administrative aspects of our office. Specifically, if you have concerns regarding the confidentiality of your care or health information, please use the space below to describe your specific concerns, so that they can be addressed. Signature Date Relationship to Patient Name of Patient Reviewed by: _ Privacy Officer Date Action: