

ARTHRITIS AND RHEUMATISM ASSOCIATES, P.C.

PATIENT COMPLAINT FORM

Our practice values the privacy of its patients and is committed to operating our practice in a manner that promotes patient confidentiality while providing high quality patient care.

If the Staff at Arthritis & Rheumatism Associates, P.C. have fallen short of this goal, we want you to notify us. Please be assured that your complaint will be kept confidential. It is our intent to use this feedback to better protect your rights to patient confidentiality.

Name of Patient

Date

Signature of Patient

Phone Number