NorthCrest
MEDICAL ◆ CENTER

Privacy Rights Complaint Form

Any person has the right to file a complaint if the person believes that a NorthCrest Medical Center provider has not adequately protected the health information entrusted to us or ensured patient rights with respect to their health information. To file a complaint, you may complete this form and return it to: **Privacy Officer, NorthCrest Medical Center, 100 NorthCrest Drive, Springfield, TN 37172.**

Please provide the following information:

Patient Name:_____

Date of Birth: _____Phone number: _____

Address:_____

I am submitting a complaint about (please indicate facility, i.e. Medical Center, Care Center, physician office, clinic):

_____

Please describe the privacy concern.

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_____ _____

Signature of complainant Date

For NorthCrest Medical Center only:

Date of receipt of complaint: _____

Action taken:

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