

RETINA INSTITUTE OF CALIFORNIA
AND ITS AFFILIATED COVERED ENTITIES
PRIVACY COMPLAINT

NAME:

ADDRESS:

TELEPHONE:

If this complaint relates to a specific patient, please fill out the following information:

Patient's Name:

Address (if different from above):

Patient's Birth Date: Patient's SSN:

Telephone (if different from above):

DESCRIBE THE NATURE AND DETAILS OF YOUR COMPLAINT. (Please include specific details such as specific personnel involved and the date and location of the event of concern to you. Attach additional pages if necessary.)

WOULD YOU LIKE TO RECEIVE ADDITIONAL COMMUNICATION REGARDING THE
RESOLUTION OF THIS ISSUE? YES _____ NO _____

SIGNATURE: DATE:

All complaints must be submitted in writing to:

Mike Runquist, Privacy Officer
Retina Institute of California
200 E. Delmar Blvd., Suite 118
Pasadena, Ca 91105