

Greater New Orleans Health Information Exchange (GNOHIE)

Patient Complaint Form

Name: _____ Date: _____
Address: _____
Home Phone: _____ Cell phone: _____
Email: _____

Check here if you wish to file this complaint anonymously.

Can we contact you for additional information if necessary: Yes/No
Would you like to be notified of a resolution to this complaint: Yes/No

Best way to contact you:
_____ Home Phone _____ Cell Phone _____ Email _____ Postal Service

Summary of Complaint: (use back of paper if necessary)

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For internal use only

Received by: _____ Date: _____

Received by Privacy Officer on: _____

Investigation and Resolution: (Attach additional pages if necessary) _____

Forwarded to GNOHIE Privacy Officer: Yes/No If yes, date: _____
Patient notification of resolution: Yes/No Date: _____ Mechanism of notification: _____
Follow-up Required: Yes/No

Privacy Officer Printed Name Privacy Officer Signature Date