



Patient Comment and Privacy Complaint Form

Our practice values the comments and concerns of its patients. We are committed to operate our practice in a manner that is responsive to concerns, promotes patient confidentiality, and delivers the highest quality health care possible.

If the staff at Cross Road Medical Center has fallen short of this goal, we want you to notify us. Please be assured that your complaint will be kept confidential. If this is a privacy complaint, you will receive a formal response from the CEO. All other patient comments and concerns will be handled by the Director/Supervisor of the appropriate department.

Please use the space provided below (and on back, if needed) to describe your comment or complaint. Please be detailed and include the type of infraction or a description of the issue, as well as the date the incident or problem occurred (if applicable). It is our intent to use this feedback to improve the healthcare of all patients at Cross Road Medical Center and to better protect your rights of patient confidentiality. Positive feedback is appreciated as well.

You may complete this form in person, mail it to: Cross Road Medical Center, PO Box 5, Glennallen, AK 99588, or fax it to (907) 822-5805.

Signature of Patient/Guardian/Representative _____ Relationship _____

Printed Name of Patient/Guardian/Representative _____ Date _____

Address _____ Phone _____

For Office Use Only

Type of Complaint/Comment Privacy Staff/Service Compliment

NOTE: In general, comments and complaints need to be given to the Front Desk as soon as possible.

Reviewed with _____ Action Taken _____

Date _____ Date _____