

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 Practice has fallen short of this goal, we want you to notify us. Please be assured that your complaint will be kept confidential. Please use the space provided below to describe your complaint. It is our intent to use this feedback to better protect your rights to patient confidentiality. You can mail this form to Morlen Health, Compliance Office, 401 NE 19th Ave., Suite 200, Portland, OR 97232 or email it to compliance@morlenhealth.com.

Patient Name:

Signed by:

Relationship to Patient:

Date:
