Frederick Primary Care Associates, P.A.

PATIENT PRIVACY 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 staff at Frederick Primary Care Associates 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.

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FPCA Office Location

- ☐ 56 Thomas Johnson Dr
- ☐ 63 Thomas Johnson Dr
- ☐ Ballenger Creek
- ☐ Brunswick/Jefferson
- ☐ Spring Ridge
- ☐ Walkersville
- ☐ Woodsboro
- ☐ FPCA Physical Therapy

_____ _____

Name of Patient Date

_____ _____

Signature of Patient or Legal Guardian Phone Number

FOR INTERNAL USE ONLY: