POTOMAC PEDIATRICS

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 staff at Potomac Pediatrics, P.C. have 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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Signature of Patient or Legal Guardian Date

Patient Name:_____ Date of Birth:_____