



Patient Comment and Privacy Complaint Form

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

If our staff 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 corporate Privacy Officer. All other patient comments and concerns will be handled by the Director/Supervisor of the appropriate department and our Continuous Quality Improvement (CQI) committee of the CRHM Board of Directors.

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/time the incident or problem occurred (if applicable). It is our intent to use this feedback to improve the healthcare of all our patients and to better protect your rights of patient confidentiality. Positive feedback is appreciated as well.

You may hand deliver your completed form in person to your clinic or mail it to: Cross Road Health Ministries, Inc., Attn: Privacy Officer, PO Box 5, Glennallen, AK 99588, or fax it to (907) 822-5684.

NOTE: In general, we would like to be notified of comments and complaints as soon as possible.

Signature of Patient/Guardian/Representative _____

Relationship _____

Printed Name of Patient/Guardian/Representative _____

Date _____ Phone _____

Address _____

For Office Use Only

Type of Complaint/Comment ☐ Privacy ☐ Staff/Service ☐ Compliment



Reviewed by: _____

Reviewed With: _____

Date: _____

Action Taken: _____

Date _____