NEOS
NEW ENGLAND
ORTHOPEDIC SURGEONS

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HIPAA 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 physicians or staff at New England Orthopedics has fallen short of this goal, we want you to notify us. Please be assured that your complaint will be kept confidential. You may 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.

Sincerely,

The Privacy Officials of New England Orthopedic Surgeons

Name of Patient (print)_____Date_____

Signature of Patient_____Date_____