

EXCEL ANESTHESIA P.A. PRIVACY COMPLAINT FORM

You have the right to file an anonymous complaint. Excel Anesthesia will not be able to respond to you personally if you do so. If you give your contact information Excel Anesthesia will respond to your complaint in a reasonable amount of time.

Please mail the completed form to:

If the complaint involves the Excel Anesthesia
Compliance Officer Please mail the form to:

Excel Anesthesia
Compliance Officer
6606 LBJ Freeway, Suite 200
Dallas, TX 75240

Al Lopez
Anesthesia Compliance Consultants
3435 Golden Ave., #1201,
Cincinnati, OH, 45226

FIRST NAME _____

MIDDLE INITIAL _____

LAST NAME _____

STREET ADDRESS _____

CITY, STATE, ZIP _____

E-MAIL ADDRESS _____

PHONE _____

ARE YOU FILING A COMPLAINT FOR SOMEONE ELSE? (Required) YES NO

If yes, whose health information privacy rights do you believe were violated?

FIRST NAME _____ M.I. _____ LAST NAME _____

When do you believe the privacy violation took place? (Required) _____

Describe briefly what happened. How or why do you believe your or someone else's privacy rights were violated?
Please describe with as much detail as possible. Please use the back of this page if more room is needed.
(Required)

May we contact you for more information? (Yes / No)