



# North Florida Pediatrics

"Healthier Florida, one child at a time"

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|--|--|---|---|
| Jasper Clinic<br>1117 NW Highway 41<br>Suite B, Jasper, FL 32052<br>PHONE: 386-792-3864<br>FAX: 386-792-1530 | Lake City Clinic<br>1859 SW Newland Way<br>Lake City, FL 32025<br>PHONE: 386-758-0003<br>FAX: 386-755-4432 | Live Oak Clinic<br>1101 S Ohio Avenue<br>Live Oak, FL 32064<br>PHONE: 386-339-1060<br>FAX: 386-339-1067 | Cross City Clinic<br>149 NE 241 <sup>st</sup> St. Ste A<br>Cross City, FL 32628<br>PHONE: 352-498-3337<br>FAX: 352-498-3773 |
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[www.nflpediatrics.com](http://www.nflpediatrics.com)

## Complaints for Privacy Violations

Our practice takes your privacy seriously. If you feel we have violated your privacy in any way, we want you to fill this form out so we may properly investigate the event.

Print Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Address: \_\_\_\_\_

City, State & Zip Code: \_\_\_\_\_ Phone: \_\_\_\_\_

When do you believe the violation occurred? \_\_\_\_\_

Describe briefly what happened; please be as specific as possible:

What is the best way to contact you? \_\_\_\_\_

What is the best time to reach you? \_\_\_\_\_

**Please note that no one will retaliate or take any actions against you for filing a complaint.**

**This form must be signed by EITHER the recipient OR by the personal representative. The recipient's parent may sign for the recipient if the recipient is a minor.**

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Relationship to Patient: \_\_\_\_\_

**If this form is signed by the personal representative, please include a copy of the document naming the personal representative, for example, a power of attorney, Personal Representative Designation form, or order appointing a guardian or executor.**

Signature of Personal Representative: \_\_\_\_\_ Date: \_\_\_\_\_

Relationship to Patient: \_\_\_\_\_