



HIPAA Patient Complaint Form

Forward this request to Privacy/Security Officer

Coastal Radiology Associates, PLLC, values the privacy of its patients and is committed to ensuring that all health information is protected as required by the HIPAA regulations. Please be assured that Coastal Radiology Associates, PLLC, will not retaliate or discriminate against you due to filing this complaint. If you have any questions about filing your complaint, the Privacy/Security Officer can be reached at 252-633-5057.

Name: _____

Address: _____ City/State: _____ Zip: _____

Telephone #: (best number(s) to reach you): _____

Location where the incident occurred if known: Coastal Radiology Assoc, PLLC, New Bern
 Coastal Imaging and Vascular Assoc, Cedar Point

Please use the space below to document your complaint or concern (use the back side if necessary):

****By signing below, you are agreeing that the information provided above is true and accurate to the best of your knowledge.**

Printed Name

Signature

Date

Mail this form along with any other relevant documentation to:

Coastal Radiology Associates, PLLC

Attn: Privacy/Security Officer

722 Newman Road

New Bern, NC, 28562