



MOUNTAIN WEST
ANESTHESIA

ATTN: PRIVACY OFFICER
3340 N CENTER ST SUITE 800
LEHI UT 84043

Privacy Concern

You have a right to communicate concerns about our privacy policies, procedures or actions. Mountain West Anesthesia, LLC will not engage in any discriminatory or other retaliatory behavior against you because of this complaint. Please provide as much information as you can remember regarding your concern.

Patient Name: _____ Date: _____
(LAST) (FIRST) (M.I.)

Address: _____

Telephone: _____

Date of Birth: _____ Account #: _____

DETAILS OF YOUR COMPLAINT

(Please be as specific as possible with the following [1] please state your **privacy** concern; [2] date of event; [3] time of event; [4] MWA physician involved; and [5] location of event

Date: _____
Signature of Patient or Representative

Are you filing this complaint on the patient's behalf? Yes No

If yes, please, state your name and your relationship to the patient _____

May we contact you to discuss your complaint? Yes No

If you answered **yes** to the question above, what is the best way for us to reach you?
