



**Ophthalmology  
Associates & LASIK Center**  
of Mankato P.A.

**Patient Privacy Complaint Form**

**Form 7.40**

This form is provided so that we may address your concerns with the privacy policies and procedures of our practice. We will confirm our receipt of your complaint within five (5) working days, and provide a more thorough response, if necessary, within 30 days. Please complete the following information (attach additional pages as necessary):

**Date:** \_\_\_\_\_

**Patient Name:** \_\_\_\_\_

**Mailing Address** (where a response should be sent):

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**Privacy Complaint** – please specify your concerns with our privacy policies/procedures:

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**Response:** A response was provided on \_\_\_\_\_

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