





**Internal Medicine   Urgent Care   Minor Trauma   Occupational Medicine**

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### QUESTIONS AND COMPLAINTS

We are required by law to maintain the privacy of, and provide individuals with, this notice of our legal duties and privacy practices with respect to Protected Health Information.

If you want more information about our privacy practices or have questions or concerns, please contact us at (704) 979 8210.

If you are concerned that we may have violated your privacy rights, or you disagree with a decision we made about access to your health information or in response to a request you made to amend or restrict the use or disclosure of your health information or to have us communicate with you by alternative means or at alternative locations, you may complain to us using the contact information listed at the end of this notice. You may also submit a written complaint to the U.S. Department of Health and Human Services upon request.

Contact Office:      Calvary Medical Clinic P.A.  
Address:              **2315 W. Arbors Drive, Suite 200 Charlotte, NC 28262**  
Telephone:            (704) 979 8210

Please list 3 names of people who have your permission to obtain your medical records:

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

I have read and or been given a copy of this privacy act.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date