



## PATIENT RIGHT TO KNOW ACT

The patient has the right to file a grievance with the "**Composite State Board of Medical Examiners**" concerning the Physician, office staff and treatment received.

The patient should either call the Board with such a complaint or send a written complaint to the Board.

The patient should be able to provide the physician or practice name, the date of service, the address and the specific nature of the complaint.

**Composite State Board of Medical Examiners  
2 Peachtree Street, N.W., 10<sup>th</sup> Floor  
Atlanta, Georgia 30303-3465  
Telephone: (404) 656-3913**

I have read and fully understand this policy.

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Signature of Patient or Legal Guardian

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Date