



**Retina Group of New England**  
Specialist in Retina and Macular Diseases

Nauman Chaudhry, M.D. Juner Colina -Biscotto, M.D.

### **Patient Privacy Complaint Form**

This form is provided so that we may address your concerns with the privacy policies and procedures of our practice. Once completed, please mail this form to: 174 Cross Road, Waterford CT 06385. Attention: Sunni Surawski, Practice Manager. 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):

---

---

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

---

---

---

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

---

---

---