



**Diagnostic  
Imaging Services**  
Specialists in Outpatient Radiology  
Tenet HealthSystem

<b>PATIENT PRIVACY COMPLAINT FORM</b>		
1. Today's Date	2. Complainant's Full Legal Name	
3. Date Incident Occurred:	4. Complainant's Relationship to Individual impacted by the purported incident:	
5. Complainant's Street Address:		
6. City	7. State	8. ZIP
9. Detailed description of the purported incident:		
10. Name of the individual impacted by the purported incident:		
11. Signature of individual filing the complaint:		Date:
<b>PLEASE ATTACH ADDITIONAL DOCUMENTATION AS REQUIRED</b>		

Please forward this complaint to:  
 Privacy Officer  
 Diagnostic Imaging Services  
 4241 Veterans Blvd., Suite 200  
 Metairie, Louisiana 70006  
 (504) 888-7921