

DECLARATION OF PATIENT RIGHTS

The patient has a right to file a grievance with the Composite State Board of Medical Examiners, concerning the physician, staff, office 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 address and the specific nature of the complaint.

Complaints may be reported to the Board at the following address or telephone number:

Composite State Board of Medical Examiners
Attn: Complaints Unit
No. 2 Peachtree Street, N.W., 36th Floor
Atlanta, GA 30303
(404) 656-3913

Physician Profile

Any person or entity has the right to receive a physician profile from the Board by telephone, in writing or by electronic mail. There may be a nominal fee.