



## PATIENT FEEDBACK FORM

### Instructions:

Thank you for choosing Albany ENT & Allergy Services, P.C. (AENT) for your Ear, Nose, and Throat needs. AENT strives to provide a positive patient experience and the best care possible. We want the provider-patient relationship to be collaborative and respectful. We welcome any constructive feedback regarding your experience at our office. Please complete this form and return it to the Patient Advocate by way of email at [Patientrelations@albanyent.com](mailto:Patientrelations@albanyent.com). Or, if you prefer to speak with someone directly, please call (518)701-2072.

**Feedback Submitted:**                      In Person                      Via Mail                      Via Phone

**Feedback Submitted By:**                      Patient                      Other:

Date Form Submitted:                      Date of Visit/Experience:

Patient Name:                      Date of Birth:

Address:

City:                      State:                      Zip Code:

Telephone Number:

### Area of Feedback:

HIPAA                      Quality of Care                      Billing                      Customer Service

Other

### Department Involved:

Allergy                      Audiology                      Clinic                      CT                      Provider                      Speech Therapy

Administration                      Call Center                      Front Desk                      Medical Records

Other \_\_\_\_\_

Comments:



Signature: \_\_\_\_\_ Print Name \_\_\_\_\_

**\*\*Please note that if you wish to request a change be made to your medical record, please fill out the form titled 'Patient Request for Amendment of Records' This form can be found on our company website. \*\***