PATIENT COMPLAINT AND FORMAL GRIEVANCE NOTICE

Duffy Health Center is committed to human dignity and social justice as we work to create a healthier community. Respect for human dignity includes respecting your rights as a patient.

If you feel that any of your rights may have been violated, you may initiate a complaint or formal grievance verbally or in writing. A brief statement of the issue is all that is required, and Duffy will provide you free assistance to file the complaint or formal grievance if you request it. This statement should be submitted to Duffy Health Center, 94 Main Street, Hyannis, MA 02601.

Duffy is committed to a fair process to resolve concerns. Most complaints are handled immediately by staff or a supervisor. If the solution is not satisfactory, the complaint will be escalated to a department director. The department director will follow up with you within 2 business days to discuss the issue and come up with a follow up plan. If you do not feel the complaint was resolved to your satisfaction or you wish to file a formal grievance, you may do so verbally or in writing. The Director of Compliance or designee will provide you with notification of receipt of the formal grievance within 1 business day. If the formal grievance is not resolved to your satisfaction, you have the option to meet with the CEO. The decision of the CEO shall be final and communicated to you in writing.

Every effort will be made to respond to patient complaints and formal grievances within 7 calendar days. If the complaint or formal grievance will not be resolved, or if the investigation is not or will not be completed within 30 calendar days, you or your representative will receive an update informing you that Duffy is continuing to resolve and investigate the complaint or formal grievance. Duffy or you has/have the option to extend the 30 calendar day timeframe by 14 calendar days if either Duffy or you requests it.

If you are insured through a Massachusetts health plan and have questions about your rights as a managed care consumer, please call the Office of Patient Protection at this address. Translation services are available.

Massachusetts Health Policy Commission
Office of Patient Protection
50 Milk Street, 8th Floor
Boston, MA 02109
1-800-436-7757

TTY and ASCII Users: 1-800-720-3480
Voice and Hearing Users: 1-800-720-3479

You may also contact the Massachusetts Health Policy Commission - Office of Patient Protection by email at HPC-OPP@mass.gov

Patient Complaint Form

Duffy Health Center strives to provide quality patient care and be responsive to patients' needs. If you have a complaint, you may register your complaint with Duffy Health Center either verbally or in writing. The Department Director will then meet with or call you **within 2 business days** and investigate your complaint in accordance with Duffy's policies and procedures. To do this we will need to collect some information as follows:

Patient Name: _____

Patient Guardian or Representative (if applicable): _____

Address: _____

Telephone Number and best time to call: _____

Date Submitted: _____ Time Submitted _____

Staff Member Name and verification of giving the patient a copy of the Patient's Rights and Responsibilities:

_____

Please state your complaint (add additional sheet(s) if necessary):

_____

_____

_____

Signature and Date: _____

Duffy Health Center will investigate your complaint and it will be evaluated against established Duffy Health Center policies and practices and a determination will be made. We will contact you with the results. How would you like to be notified: __telephone. _____in person. ____writing

Patient Formal Grievance Form

Duffy Health Center strives to provide quality patient care and be responsive to patients' needs. Since staff at Duffy Health Center make every reasonable effort to accommodate patient needs, Duffy staff realize that sometimes concerns may arise. If you have a formal grievance, you may register your formal grievance with Duffy Health Center either verbally or in writing. **The Director of Compliance or designee will acknowledge receipt of this formal grievance within 1 business day.** The Director of Compliance or designee will then meet with you and investigate your formal grievance in accordance with Duffy's policies and procedures. To do this we will need to collect some information as follows:

Patient Name: _____

Patient Guardian or Representative (if applicable): _____

Address: _____

Telephone Number and best time to call: _____

Date Submitted: _____ Time Submitted _____

Staff Member Name and verification of giving the patient a copy of the Patient's Rights and Responsibilities:

_____

Please state your complaint (add additional sheet(s) if necessary):

_____

_____

_____

Signature and Date: _____

Duffy Health Center will investigate your formal grievance and it will be evaluated against established Duffy Health Center policies and practices and a determination will be made. We will contact you with the results. How would you like to be notified: __telephone. ___in person. ____writing

PATIENT AND CARE TEAM RIGHTS AND RESPONSIBILITIES

Duffy Health Center's mission is to improve the quality of life for the people we serve through health care. Together with you, our goal is to provide quality, compassionate care in an environment that promotes comfort, healing, and mutual respect between the Patient and Care Team (doctors, nurse practitioners, physician assistants, nurses, therapists, and case managers).

YOUR RIGHTS AS A PATIENT:

- You have a right to expect that your pain and symptoms will be assessed and treated with the goal of minimizing your experience of pain and discomfort, to the extent clinically possible, within our practice guidelines.
- You have a right to equitable, considerate, respectful care that includes consideration of your psychosocial, spiritual, cultural, and personal values and beliefs.
- You have the right to know the identity and specialty of individuals involved in your care.
- You have a right to refuse to be observed, examined, or treated by students or by any other staff without jeopardizing your access to medical care.
- You have a right to prompt response to all reasonable requests.
- You have a right to receive prompt, life-saving treatment without delay and to receive the most appropriate medical treatment and care available without regard to your economic status or the source of payment.
- You have a right to the confidentiality of all records and communications concerning your medical history and treatment to the extent provided by law.
- You have a right to participate or have your designated representative participate in the consideration of ethical issues which arise in your care.
- You have a right to receive competent interpreter services when seeking care at Duffy Health Center.
- You have a right to report safety concerns.
- You have a right to obtain a copy of any policies of Duffy, which apply to your conduct as a patient.
- You have a right to file a complaint or formal grievance both internally and externally. Internally, you may file a complaint by contacting Duffy Health Center at 508-771-9599. Externally, you may file a complaint with MA. Department of Public Health, Bureau of Health Professions Licensure, at 800-414-0168 or TTY 617-973-0988, or to the Board of Registration in Medicine at 800-377-0550, or the MA Office of Patient Protection at 1-800-436-7757.

Duffy Health Center
Restoring health. Rebuilding lives.

YOUR RESPONSIBILITIES AS A PATIENT:

- To provide accurate and complete information about your present symptoms, and past illness including pain and response to treatment, hospitalizations, medications, and other matters relating to your health.
- To report unexpected changes in your condition to those responsible for your care.
- To tell us if you do not understand the proposed plan of care and what is expected of you.
- To collaborate with medical and nursing staff to plan for tests and treatments with the goal of being as healthy as possible and understand that your health may worsen if you choose not to follow a provider's recommendation.
- To accept responsibility for your actions if you refuse treatment or do not follow your provider's instructions.
- To ask questions if you do not understand instructions given to you at discharge about the treatment plan that you will use at home, including the medications that you will take and the activities that you can perform.
- To assure the financial obligations of your health care are fulfilled as promptly as possible; to give the Duffy Health Center all necessary information we will need about the payment of your care.
- To keep your appointment or cancel it so that another patient can be served.
- To follow Duffy's rules and policies affecting patient care and conduct.
- To reduce harm from smoking and exposure to second-hand smoke, patients are permitted to smoke 25 feet from the entrance to the building.
- To behave in a manner that does not interfere with the care of the well-being of patients and staff. Rude, threatening, or demeaning comments; profanity, and physically threatening or disruptive behavior as determined by the Care Team member may result in a temporary termination of services. The patient or friends and family on the premises will be asked to leave the building until Care Team members believe it is safe to resume care.
- To be considerate of the rights of other patients and Duffy's personnel by assisting with the control of noise and cleanliness of the property.
- To respect the community by placing devices on silent mode and talking on the phone outside or in the building stairwell.
- To respect the property of others and of the Center.
- To inform Duffy staff immediately if you believe your rights have been violated, to express grievances, or offer suggestions.