First Circle Medical Center

THE SNYDER FOUNDATION INC. · BOARD-APPROVED POLICY & PROCEDURE

101 N State Road 7, Suite 103, Margate, FL 33063 · 954-663-2255 · contact@firstcirclemedical.org

PATIENT CONCERNS

Patient Grievance Procedure and Form

Purpose

To ensure First Circle Medical Center patients have a clear, fair, and timely way to raise concerns or complaints about their care or experience, consistent with HRSA QI/QA requirements.

Policy

1. Any patient (or their representative) may file a grievance verbally or in writing, at any First Circle location, or by phone or mail.
2. Front desk and clinical staff accept grievances without requiring the patient to justify why they are complaining, and without any negative impact on the patient care.
3. Every grievance is logged using the Patient Grievance Form below (or the equivalent in the practice management system) within 1 business day of receipt.
4. The QI/QA Lead (or designee) reviews the grievance, investigates as needed, and documents findings.
5. The patient receives a response, verbal or written, within 14 calendar days of the grievance being filed, including the outcome and any corrective action taken.
6. All grievances and their resolutions are logged and reviewed as part of the quarterly QI/QA assessment, to identify any patterns requiring a change in services.
7. Grievances involving patient safety or a potential adverse event are escalated immediately to the Medical Director, in addition to following this process.

Patient Grievance Form

Patient Name:

_____

Date of Grievance:

_____

Received By:

_____

How Received: ☐ In person ☐ Phone ☐ Written ☐ Online

Description of Grievance:

_____

_____

_____

Investigation Notes:

_____

_____

Resolution / Corrective Action:

_____

_____

Date Patient Notified of Outcome: _____

Reviewed by QI/QA Lead (Name/Date): _____

Prepared by:

_____

Date:

_____

Board Approved:

_____

Date:

_____