

HARBOR-UCLA MEDICAL CENTER

SUBJECT: PATIENT COMPLAINTS AND GRIEVANCES

POLICY NO. 343

PURPOSE

To describe the process for receiving, investigating, and responding to complaints or grievances.

POLICY

Harbor-UCLA Medical Center has a complaint process for all workforce members to follow to ensure that all grievances are investigated and a written response is generated to the grievant, within 7 business days.

As part of Harbor’s commitment to providing high-quality, patient-centered care, complaints and grievances received from patients and/or their legally authorized representatives, shall be investigated and responded to in a prompt and courteous manner. Data gathered from the complaints and grievance process will be used to improve the quality of care provided to Harbor’s patients.

Complaints and/or grievances that involve potential claims against the County such as serious reportable events, sentinel events, and adverse events must be referred to Risk Management for investigation.

DEFINITIONS

Workforce member: Employees, contract staff, affiliates, volunteers, trainees, students, and other persons whose conduct in the performance of work for DHS, is under its direct control, whether or not they receive compensation from the County.

Complaint: A verbal complaint of concern or dissatisfaction made by a patient, or the patient’s legally authorized representative that can be resolved at the time of the complaint by staff present.

Grievance: A grievance is a written or verbal complaint that is made by a patient, or the patient’s legally authorized representative, regarding the patient’s care, abuse or neglect, issues related to compliance with CMS Hospital Conditions of Participation, or a Medicare beneficiary billing complaint. A written (email, fax, or handwritten) complaint is always considered a grievance. Any verbal complaint that cannot be resolved at the time of the complaint, is postponed for later resolution, is referred to other staff for later resolution, or requires

EFFECTIVE DATE: 2/86

SUPERSEDES:

REVISED: 9/89, 6/92, 8/95, 11/95, 12/98, 10/02, 12/10, 12/12, 8/15, 1/17, 11/19

REVIEWED: 10/02, 2/05, 3/10, 8/15, 1/17, 11/19

REVIEW COMMITTEE:

APPROVED BY:


Kim McKenzie, RN, MSN, CPHQ
Chief Executive Officer


Anish Mahajan, MD,
Chief Medical Officer


Nancy Blake, PhD, RN, NEA-BC, FAAN
Chief Nursing Officer

HARBOR-UCLA MEDICAL CENTER

SUBJECT: PATIENT COMPLAINTS AND GRIEVANCES

POLICY NO. 343

investigation, is considered a grievance. Any complaint for which the patient requests a written response is also considered a grievance.

Note: The letter is only sent if the grievance is not resolved at the time of the complaint or if requested.

The Centers for Medicare & Medicaid Services (CMS) Hospital Conditions of Participation and Interpretive Guidelines, Section 482.13(a)(2), defines:

- *A hospital must inform each patient, or when appropriate, the patient's representative (as allowed under State law), of the patient's rights, in advance of furnishing or discontinuing patient care whenever possible.*
- *The hospital must establish a process for prompt resolution of patient grievances and must inform each patient whom to contact to file a grievance.*
- *The hospital's governing body must approve and be responsible for the effective operation of the grievance process, and must review and resolve grievances, unless it delegates the responsibility in writing to a grievance committee.*
- *The grievance process must include a mechanism for timely referral of patient concerns regarding quality of care or premature discharge to the appropriate Utilization and Quality Control Quality Improvement Organization. At a minimum:*
- *(i) The hospital must establish a clearly explained procedure for the submission of a patient's written or verbal grievance to the hospital.*
- *(ii) The grievance process must specify time frames for review of the grievance and the provision of a response.*
- *(iii) In its resolution of the grievance, the hospital must provide the patient with written notice of its decision that contains the name of the hospital contact person, the steps taken on behalf of the patient to investigate the grievance, the results of the grievance process, and the date of completion.*
- *Patient Grievance as a written or verbal complaint (when the verbal complaint about patient care is not resolved at the time of the complaint by **staff present**) by a patient, or the patient's representative, regarding the patient's care, abuse or neglect, issues related to the hospital's compliance with the CMS Hospital Conditions of Participation (CoP), or a Medicare beneficiary billing complaint related to rights and limitations provided by 42 CFR §489.*
- *Staff present includes any hospital staff present at the time of the complaint or who can quickly be at the patient's location (i.e., Nursing, Administration, Nursing Supervisors, Patient Advocates, etc.) to resolve the patient's complaint.*
- *If a verbal patient care complaint cannot be resolved at the time of the complaint by staff present, is postponed for later resolution, is referred to other staff for later resolution, requires investigation, and/or requires further actions for resolution, then the complaint is a grievance for the purposes of these requirements. A complaint is considered resolved when the patient is satisfied with the actions taken on their behalf.*
- *Billing issues are not usually considered grievances for the purposes of these requirements. However, a Medicare beneficiary billing complaint related to rights and limitations provided by 42 CFR §489 are considered a grievance.*
- *A written complaint is always considered a grievance, whether from an inpatient, outpatient, released/discharged patient or their representative regarding the patient care provided, abuse or neglect, or the hospital's compliance with CoPs.*

HARBOR-UCLA MEDICAL CENTER

SUBJECT: PATIENT COMPLAINTS AND GRIEVANCES

POLICY NO. 343

- *For the purposes of this requirement an Email or fax is considered "written".*
- *Information obtained with patient satisfaction surveys does not usually meet the definition of a grievance. If an identified patient writes or attaches a written complaint on the survey and requests resolution, then the complaint meets the definition of a grievance. If an identified patient writes or attaches a complaint to the survey but has not requested resolution, the hospital must treat this as a grievance if the hospital would usually treat such a complaint as a grievance.*
- *Patient complaints that become grievances also include situations where a patient or a patient's representative telephones the hospital with a complaint regarding their patient care or with an allegation of abuse or neglect, or failure of the hospital to comply with one or more CoPs, or other CMS requirements. Those post-hospital verbal communications regarding patient care that would routinely have been handled by staff present if the communication had occurred during the stay/visit are not required to be defined as a grievance.*
- *All verbal or written complaints regarding abuse, neglect, patient harm or hospital compliance with CMS requirements, are to be considered a grievance for the purposes of these requirements.*
- *Whenever the patient or the patient's representative requests their complaint be handled as a formal complaint or grievance or when the patient requests a response from the hospital, then the complaint is a grievance and all the requirements apply.*
- *Data collected regarding patient grievances, as well as some other complaints that are not defined as grievances (as determined by the hospital) must be incorporated in the hospital's Quality Assessment and Performance Improvement Program (QAPI).*

PROCEDURE

Harbor-UCLA Medical Center has established a grievance process to assist people (patients, patients' representatives, family members or significant others) with complaints or grievances. Every attempt must be made by hospital staff/department to resolve complaints within the same business day at the point of origin. The area supervisor, in conjunction with appropriate staff, shall investigate the complaint and make every attempt to resolve the complaint. If the staff/department can't resolve the complaint at the point of origin, the person can be sent to the Patient Relations Office to file a grievance. Patients unable to call or go to this office have the right to request any workforce members to assist them in contacting this office. If the patient is hospitalized and not satisfied with the outcome of their services and want to file a complaint after meeting with their care team, a Patient Advocate is available to visit the patient.

The Patient Relations Office will assist all our patients and/or patient's representatives to file complaints and grievances. The Patient Relations Office is located in the hospital, on the 1st floor, Room 1B1, Monday thru Friday from 8 AM to 5 PM and the telephone number is (424) 306-4400. After hour complaints must be filed through the Nurse Services Office located on the 1st floor, Room 1M-6, telephone number (424) 306-4276 or through the Safety Intelligence System. All grievance forms can be obtained at the Information Desk, on the Harbor Intranet under Forms, and at the above office.

COMPLAINTS AND GRIEVANCE PROCESS

Patients and their legally authorized representatives are encouraged to provide feedback to Harbor's workforce members regarding the care received at Harbor-UCLA Medical Center without being subject to coercion, discrimination, reprisal or unreasonable interruption in care. Harbor will receive, investigate, and respond to complaints or grievances in a timely and courteous manner. Complaints and grievances will be entered into the

HARBOR-UCLA MEDICAL CENTER

SUBJECT: PATIENT COMPLAINTS AND GRIEVANCES

POLICY NO. 343

Safety Intelligence Complaints Module (SI) and assigned to the appropriate workforce member(s) for investigation and resolution. If a workforce member receives a verbal or written grievance from a family member, significant other or authorized representative, the workforce member(s) must call and confirm with the patient and the patient must provide two identifiers (date of birth and medical record unit number (MRUN)) before releasing any confidential information. If the workforce member can't get a verbal consent because of a medical reason, the person with the complaint form or letter must bring a power of attorney or conservatorship documentation. All copies must be scanned into the SI Complaint Module.

Patients receiving care in psychiatric settings shall be provided information for filing a formal grievance with the Department of Mental Health (DMH). Should a patient or their authorized representative wish to file a formal grievance with DMH, staff will ensure that the appropriate forms are available for completion and will assist as needed with forwarding the grievance to DMH. Grievance forms and informational brochures will be made available to patients on every inpatient psychiatric unit. DHS facilities are encouraged to resolve complaints and grievances internally; however, this process will not prevent a patient from filing a grievance with DMH directly.

Non-Managed Care Services (MCS) Complaints and Grievances

The Patient Advocate Office will input the complaint and/or grievance into the SI Module to begin the investigation and provide the patient or patient's legally authorized representative with a written response indicating the findings of the investigation, if requested, or if the complaint rises to the level of a grievance. When a complaint or grievance is filed by an individual other than the patient, Harbor's workforce member must ensure that the individual is legally authorized to act on the patient's behalf. The workforce member shall also inform the patient or the patient's representative of their right to complain to the California Department of Public Health, The Joint Commission, the Livanta and/or their health plan (if applicable).

When a written grievance is received that is related to the professional competence or professional conduct of a physician or doctor of podiatry, the Harbor will inform the complainant that the Medical Board of California, or the California Board of Podiatric Medicine, as applicable, is the only authority in the state that may take disciplinary action against a providers' license and provide the complainant with the address and phone number of the applicable board.

Medicare beneficiaries who file a grievance regarding quality of care, coverage, or premature discharge will be offered the opportunity to refer their grievance to Livanta. Patients and their legally authorized representatives wishing to file a grievance with Livanta will be provided the contact information for Livanta. All complaints and grievances shall be received, reviewed, and resolved within a reasonable time frame. Complaints can generally be resolved at the time the complaint is made with a response back to the patient in one day or less. Most grievances shall be resolved within 7 business days. Those grievances that have been identified by Harbor as requiring extensive investigation may need additional time to be resolved. If the grievance will not be resolved, or if the investigation is not completed within 7 business days, Harbor will then inform the patient or the patient's legally authorized representative that the facility is still working to resolve the grievance and will follow-up with a written response within 30 business days. If the response letter cannot be mailed because there is no address given or not in the database system (possibly a homeless person), it will be noted. Any grievance about a situation that endangers the patient, such as neglect or abuse, shall be investigated immediately and reported to Risk Management and Harbor's Compliance Officer.

HARBOR-UCLA MEDICAL CENTER

SUBJECT: PATIENT COMPLAINTS AND GRIEVANCES

POLICY NO. 343

In the written response to the patient or the patient's representative regarding a grievance, the facility will provide:

1. The date of grievance received
2. Name of grievant
3. Medical Record Unit Number
4. Origin of the grievance (Service/Department)
5. The steps taken on behalf of the patient to investigate the grievance
6. The results of the grievance process
7. The date of completion
8. The name of the facility contact person
9. Contact information for the Medical Board of California or the California Board of Podiatric Medicine as applicable.

The written response will be communicated to the patient or the patient's representative in a language and manner they can understand. Harbor is not required to include statements that could be used in a legal action against the facility, however, adequate information to address each item in the patient's grievance shall be provided. Should a claim or lawsuit be filed against Harbor regarding the complaint or grievance at hand, all communication regarding the grievance shall be routed through Risk Management or their designee (defense counsel, County Counsel, third-party administrator, etc.).

Grievances received by email may be responded to by email ensuring that all appropriate components of a grievance response are included within. Any response to a grievance in which there is personally identifiable information must be sent using approved secure email methods.

A complaint or grievance is considered resolved when the complainant is satisfied with the actions taken on his/her behalf. There may be situations, even when the facility has taken appropriate and reasonable actions on the patient's behalf, that the patient or the patient's representative remains unsatisfied with the facility's actions. In these situations, the facility may consider the complaint or grievance closed.

Managed Care Services (MCS) Generated Complaints and Grievance Process

Grievances received by Managed Care Services (MCS) from a contracted health plan, shall be investigated and resolved within the time frame requested by the health plan. The process for investigation and resolution is as follows:

1. Any grievance requiring facility investigation will be entered and referred to the facility through the UHC system.
2. Health Plan Administrator reviews the grievance in the UHC system and communicates grievance to appropriate service.
3. Service chiefs, Nurse Managers, Directors of clinical, financial and allied services are responsible for responding, investigating and implementing corrective action as deemed necessary.
4. Coordination of the response will be provided by the Health Plan Administration prior to submission of response to MCS.
5. MCS will provide a response back to the health plan on behalf of the facility.
6. Any health plan member, who files a complaint or grievance with the facility directly, must also be offered the opportunity to file a formal grievance with the health plan.

HARBOR-UCLA MEDICAL CENTER

SUBJECT: PATIENT COMPLAINTS AND GRIEVANCES

POLICY NO. 343

Note: Manage Care and Non-Managed patients can obtain a grievance form at any Information Desk and at the above office.

DOWN TIME PROCEDURE (FORMS):

1. Upon receipt of a complaint or grievance (call, walk-in, fax, e-mail or mail) form (Attachment I - English) (Attachment I - Spanish), the workforce member will complete the Patient Intake & Response Form (Attachment II) and use the "Claims Module Taxonomy" code sheet (Attachment III).
Note: (Attachment I) are grievance forms for *Non-Managed Care* and visitors. (Attachment IV and V) are grievance forms for *Managed Care* patients only. A toll-free number is provided on each form.
2. Conduct a fact-finding investigation of the complaint or grievance with appropriate Departments, Services, and Administration.
3. If the grievance cannot be resolved, an explanation must be written on the Patient Intake & Response Form (Attachment II).
4. A written response will be sent to the grievant within 7 business days if possible. If the case is not resolved within 7 business days, a letter should be sent stating the estimated number of days until the final response will be sent. If the response cannot be mailed to the patient because of no address, it must be noted on the form. **Note:** The letter is only sent if the grievance is not resolved on the same day.
5. **The workforce member will maintain a Monthly Patient Complaint Log (Attachment VI) and Inquiry Log (Attachment VII) to document all complaints & grievances received.** Will maintain a Telephone Log (Attachment VIII) of all incoming calls with a maximum of three (3) contact attempts to the caller. If caller does not leave a telephone number, but a medical record number with an address, a certified letter will be sent with the information being requested.

Note: It is important for departments to use the "Claims Module Taxonomy" sheet (Attachment III), codes approved by DHS when completing the above forms.

REPORTS

All departments responsible for grievances must maintain documentation of their grievances and report the data to the Patient Grievance Committee on a quarterly basis. Other reports will be provided as requested to improve the quality of care provided to Harbor's patients. All files must be available for inspection by DHS, State Department of Health Services and the Federal Department of Health and Human Services for a period of four years.

Note: It is important for departments to use the "Claims Module Taxonomy" sheet (Attachment IIa), codes approved by DHS when completing the above forms.

OVERSIGHT OF THE COMPLAINTS AND GRIEVANCE PROCESS

Harbor's CEO shall be responsible for the effective operation of the complaints and grievance process including the review and resolution of all grievances. Any delegation of this responsibility to a grievance committee shall be in writing. The grievance committee membership should have an adequate number of qualified members to review and resolve grievances, consistent with applicable regulatory requirements.

HARBOR-UCLA MEDICAL CENTER

SUBJECT: PATIENT COMPLAINTS AND GRIEVANCES

POLICY NO. 343

USE OF COMPLAINT AND GRIEVANCE DATA FOR QUALITY IMPROVEMENT ACTIVITIES

Data collected regarding complaints and grievances shall be incorporated into the facility's Quality Improvement Program. For example, the quantity and type of complaints and grievances, as well as any identifiable trends, will be monitored and communicated to the Patient Grievance committee and CEO. Specific data regarding individual physicians shall also be communicated to the appropriate Medical Staff office for a determination of peer review applicability (Refer to Policy #621).

NOTIFICATION OF A PATIENTS' RIGHT TO FILE A COMPLAINT OR GRIEVANCE

The facility must provide information to the patient and/or the patient's representative about the facility's internal grievance process, including whom to contact to file a complaint or grievance and specify the timeframe in which a response to a complaint or grievance will be provided. As part of the facility's notification of patients' rights, the facility will provide the patient or patient's representative a phone number and address for logging a grievance with the California Department of Public Health, The Joint Commission, Livanta, and/or their health plan regardless of whether s/he has first used the facility's grievance process.

Note for Workforce Members:

A patient or a patient's representative has the right to a fair and efficient process for resolving differences with their health care provider and/or the institution that services them. A patient or representative of the patient has the right to file a grievance, have the grievance investigated, and in most cases a written response provided within 7 business days of the filing date. A patient or representative of the patient has the right to elevate a grievance to the State of California or Joint Commission by contacting:

California Department of Health Services
Licensing and Certification Office – Orange County District
681 S. Parker St., Suite 200
Orange, CA 92868
1-714-567-2906 or 1-800-228-5234

The Joint Commission
Accreditation of Healthcare Organization
One Renaissance Blvd.
Oakbrook Terrace, IL 60181
(800) 994-6610 FAX (630) 792-5636
Website: www.complaint@jointcommission.org

Livanta (Medicare Patients Only)

9090 Junction Dr., Suite 10
Annapolis Junction, MD 20701
Phone: 1-877-588-1123
Fax: 1-844-420-6672
Website: <http://bfccqioarea5.com>

HARBOR-UCLA MEDICAL CENTER

SUBJECT: PATIENT COMPLAINTS AND GRIEVANCES

POLICY NO. 343

Medical Board of California (MDs & DPMs)

Medical Board of California
2005 Evergreen Street, Suite 1200
Sacramento, CA 95815
Phone: 1-800-633-2322
Fax: 916-263-2435
Website: <http://www.mbc.ca.gov>

For Relay Services (blind/deaf/hard of hearing), call:
800-855-7100 or "7-1-1" (English) or
800-855-7200 (Spanish) or
800-855-2883 (Telebraille)

Office for Civil Rights - U.S. Department of Health and Human Services
200 Independence Avenue, SW
Room 509F, HHH Building
Washington, D.C. 20201
TTY 1-800-368-1019, 800-537-7697

<https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>,

Complaint forms: <http://www.hhs.gov/ocr/office/file/index.html>.

Los Angeles County - Dept. of Mental Health
Patients' Rights

550 S. Vermont Avenue
Los Angeles, CA 90020

Tel: (213) 738-2716 Fax: (213) 365-2481

http://dmh.lacounty.gov/wps/portal/dmh/our_services

AUTHORITY:

CMS Conditions of Participation §482.13
Joint Commission Standard RI.01.07.01



County of Los Angeles • Department of Health Services
 Harbor-UCLA Medical Center

COMPLAINT GRIEVANCE

TO OUR PATIENTS: PLEASE PROVIDE AS MANY DETAILS AS POSSIBLE TO ASSIST US IN INVESTIGATING AND RESOLVING YOUR COMPLAINT.

PLEASE PRINT

Name:		MRUN#:	
Address:		City/State/Zip:	
Telephone (Home):		(Business):	
Admission Date:	<input type="checkbox"/> Inpatient <input type="checkbox"/> Outpatient <input type="checkbox"/> Emergency Rm. <input type="checkbox"/> Other	Ward:	Room:

NATURE OF COMPLAINT: _____

DESIRED RESOLUTION TO THIS MATTER: _____

SIGNATURE:	DATE:
------------	-------

Please return this form in person to room #1B1, Monday through Friday, 8:00 AM to 5:00 PM or mail to:

Harbor-UCLA Medical Center
Attn: Patient Relations Office
1000 W. Carson Street, 1B1, Box 16
Torrance, CA 90509



County of Los Angeles • Department of Health Services
Harbor-UCLA Medical Center

PATIENT GRIEVANCE FORM

QUEJAS **RECLAMO**

A NUESTROS PACIENTES: FAVOR DE PROVEER TODOS LOS DETALLES DE SU QUEJA PARA AYUDARNOS EN LA INVESTIGACIÓN O SOLUCIÓN DE SU PROBLEMA.

NOMBRE:	MRUN# (Num. de tarjeta plástica):	
DOMICILIO:	CIUDAD, ESTADO, ZONA POSTAL:	
TELÉFONO: CASA: ()	TRABAJO: ()	
PACIENTE INTERNO: FECHA DE HOSPITALIZACIÓN:	PISO:	CUARTO:
PACIENTE EXTERNO:	NOMBRE DE CLÍNICA:	SALA DE EMERGENCIA U OTRO LUGAR:

SU QUEJA: _____

LA RESOLUCIÓN QUE DESEA ACERCA DE ESTE ASUNTO: _____

FIRMA:	FECHA:
--------	--------

Favor de regresar este formulario en persona a la oficina #1B1 de lunes a viernes de 8:00 AM a 5:00 PM o enviarlo por correo en el sobre adjunto a:
Harbor-UCLA Medical Center
Attn: Centro de Servicios al Paciente
1000 W. Carson Street, 1B1, Box 16
Torrance, CA 90509

**LOS ANGELES COUNTY HARBOR-UCLA MEDICAL CENTER
PATIENT INTAKE RESPONSE FORM**

Attachment II

INTERPRETER USED: <input type="checkbox"/> YES <input type="checkbox"/> NO	INTERPRETER CODE:
--	--------------------------

PATIENT HOSPITAL INFORMATION			
PATIENT NAME:	MRUN:	DATE:	TIME:
CHECK APPLICABLE:	GRIEVANCE <input type="checkbox"/>	COMPLAINT <input type="checkbox"/>	PATIENT INQUIRY <input type="checkbox"/>
ORIGIN OF COMPLAINT			
PATIENT TYPE (CHECK APPLICABLE):	INPATIENT <input type="checkbox"/>	OUTPATIENT <input type="checkbox"/>	EMERGENCY <input type="checkbox"/>
SERVICE (Code)/ LOCATION:			
ISSUE CATEGORY (Code):			
PATIENT CONTACT INFORMATION			
ADDRESS:			
CITY:	STATE:	ZIP CODE:	TELEPHONE NUMBER:
GRIEVANCE FOLLOW-UP			
LETTER SENT:	DATE/S LETTER SENT:	FOLLOW-UP DATE/S:	DATE CLOSED:
ACKNOWLEDGEMENT LETTER:			
RESOLUTION LETTER:			
EXTENDED INVESTIGATION LETTER:			
DESCRIPTION OF SITUATION AS REPORTED TO PATIENT ADVOCATE:			

**LOS ANGELES COUNTY HARBOR-UCLA MEDICAL CENTER
PATIENT INTAKE RESPONSE FORM**

INVESTIGATION:

Large empty rectangular area for investigation details.

COMMUNICATIONS:

NAME	TITLE	COMMUNICATION SENT	COMMUNICATION RECEIVED

RESOLUTION/COMMENTS:

Large empty rectangular area for resolution and comments.

PATIENT ADVOCATE NAME:

PATIENT REFUSED TO FILL OUT GRIEVANCE FORM	
<input type="checkbox"/> YES	<input type="checkbox"/> NA
<input type="checkbox"/> GRIEVANCE FORM ON FILE	
CLAIM FORM GIVEN	
<input type="checkbox"/> N/A	<input type="checkbox"/> YES

Claims Module Taxonomy

Subject	Sub-Subject	Examples
A01 Customer Experience	Accommodations/Décor	Seats are uncomfortable, paint in hallways is stained
	Amenities	Toilet paper is too rough, sheets are scratchy
	Discrimination	Staff would not turn patient because of heavy weight, only the Caucasian patients got timely appointments
	Fraud	MRN card stolen, another patient using ID
	Lack of Privacy	Too many beds in one room, curtains won't close, bathroom door does not lock
	Meals/Dietary/Nutrition	Not enough food on tray, no food after hours, food doesn't taste good
	Noise	Area around the room is too loud at night, waiting room television is too loud
	Request for General Information	Asking for directions to clinic, requesting copy of documents
	Theft or Loss of Personal Property	cell phone stolen from bedside, dentures missing
	Other	
A02 Behavior/Attitude of Staff	Abuse-Emotional	Staff laughed while patient was crying
	Abuse-Physical	Staff hit patient, staff pulled hair
	Abuse-Sexual	Staff touched patient's breast inappropriately, staff touched genitals inappropriately
	Abuse-Verbal	Staff yelled at patient, staff called patient a derogatory term
	Empathy/Caring/Respect/Dignity	Staff left patient exposed after procedure, staff showed no concern while patient was dying
	Staff attitude/behavior	Staff was dismissive about patient's concerns, staff was rude over the phone

Claims Module Taxonomy

	Other	
A03 Access to Care	Accessibility by Phone	Patient can never reach provider when there are questions, provider will not return messages
	Canceled Appointment, Treatment, or Procedure	Surgery was canceled, colonoscopy was canceled
	Continuity of Care Request	Patient wants to continue treatment with current provider even though it is no longer covered by the health plan
	Delay getting Durable Medical Equipment (DME)	Could not get walker, unable to get dressing change supplies
	Delay in Admission	Waited in ED for inpatient bed for 24 hours
	Delay in Appointment, Treatment, Procedure	Appointment for biopsy 6 months away, hernia repair surgery scheduled for a year from now
	Delay in Discharge	Waited for discharge papers for 8 hours, doctor said patient was going home yesterday
	Denial/Refusal of Care or Service	Health Plan denied referral to specialist, MD would not order test requested by patient
	Excessive Wait Time	Waited to be seen in urgent care for 6 hours, waited for scheduled appointment in clinic for 4 hours
	Premature Discharge	Patient sent home before stable, patient not admitted from ED
	Provider Unavailable	Neonatologist not in hospital for high risk delivery
	Request for Appointment to Clinic	Requesting appointment in specialty clinic
	Unavailability of Speciality Care	Cardiac surgery not available at this hospital
	Other	
A04 Communication	ADA Communication Services	Lack of access to braille, closed captioning, or amplifiers

Claims Module Taxonomy

	Communication of Delayed, Incorrect, Inadequate, or Conflicting Information	Patient not instructed to go to lab prior to appointment, appointment slip time is wrong
	Cultural Sensitivity/Awareness	Male staff performed GYN exam without female present
	Lack of Translation (written documents)	Discharge instructions in the wrong language
	Language Barrier/Unavailability of Interpretive Services	Staff did not get interpreter for informed consent discussion, staff did not use sign language when speaking to deaf patient
	Misunderstanding/Confusion of Instructions	Instructions did not make sense to patient, prescription does not match verbal instructions
	Not Listening, Lack of Shared Decision Making, Conflict	Patient disagrees with providers recommendations
	Other	
A05 Quality of Care	Skill/Inexperience of Provider	Doctor is too young, patient does not want residents to take care of him
	Incomplete Assessment/Work-up	Doctor did not order the right lab tests
	Substandard Care	Care provided did not meet expectations
	Error in Care--diagnosis	Diagnosis made by doctor is wrong
	Error in Care--treatment	Treatment provided is the wrong type for clinical condition
	Lack of Care Coordination Between Services	Doctors caring for patient have conflicting opinions/plan for treatment
	Medication Error	Wrong medication given, medication given to allergic patient
	Geographic Access	Assigned provider is too far away
	Consent Issue	Doctor performed surgery different than what was consented to, no consent obtained for treatment

Claims Module Taxonomy

	Inadequate Staffing/Resources	Not enough nurses to answer call lights
	Failure to prescribe/receive prescription	Provider refused to refill opiate prescription
	Prescriptions--Lack of sufficient supply	Patient ran out of medication before next clinic appointment
	Dissatisfaction with treatment outcome	Patient reports back still hurts after surgery, physical therapy didn't make any difference
	Unavailability of test results	MRI results not in chart
	Other	
A06 Financial/Billing/Registration/Health Plan	Bill inaccurate/wrong	Bill is for a procedure not performed
	Bill too much	Cost of bill is too high
	Doesn't want to pay bill (request for waiver)	Doesn't want to pay bill
	Health plan--Enrollment	Patient requesting transfer to another medical home or health plan's refusal to enroll or renew coverage
	Health plan--Payment	Health plan didn't pay enough
	Health plan--Non-covered Service	Patient requesting cosmetic surgery that is not medically necessary
	Inability to Register	Don't have ID and can't register
	Out of County/Country Related	Trauma patient visiting from another county, Non-LA County patient wants elective surgery
	Prescription costs/payment	Don't have money to fill prescription
	Request for assistance paying bill	Needs help getting Medicare to pay for bill
	Request for copy of bill	Patient needs itemized list of billing

Claims Module Taxonomy

	Other	
A07 Medical Records	Accuracy of Records	Wrong patient's information in the chart
	Chart not Available	Chart not available in clinic during visit
	Delay/lack of receipt of requested medical records	Copy of chart ordered two weeks ago but never received
	Disability Processing	Need assistance completing disability paperwork
	Inappropriate disclosure of PHI--other	Staff posted a photo of patient on the wall
	Inappropriate disclosure of PHI--verbal	Staff told family members about HIV status, heard another patient-provider conversation
	Inappropriate disclosure of PHI--written	Gave wrong patient copy of test results
	Misc. form completion	Need help completing other forms (not disability)
	Request for Medical Record Amendment	Patient wants to change doctor's diagnosis in the chart
	Test results/X-rays/scan results missing/lost	Patient had MRI last week and there is no record of it
	Other	
A08 Facility/Environmental Access	Broken/nonfunctional equipment	TV is broken, toilet doesn't flush
	Cleanliness	Elevators dirty, hallway obstructed by trash
	Condition of premises	Ground uneven at front entry
	Facility Transport Services	Parking lot shuttle running late
	Injury on Premises	Fell walking down steps because they were slippery
	Parking Issues	Not enough parking spaces
	Physical Access	Front entrance closed

Claims Module Taxonomy

Pest Control	Patient saw rat in cafeteria
Security	No security screening at ED entrance
Signage/Layout	Signs to clinic are confusing
Other	



L.A. Care
HEALTH PLAN

Complaint/Grievance Form

Member Name:	Address:	Date Completed:
Member ID/Number:	Telephone Number:	Member Birth Date:
Completed By:	Plan Partner	Date of Incident:
<p>Description of the Complaint/Grievance (attach page if more space is needed): Please Print (* include names, dates and details)</p>		
<p><u>Department of Managed Health Care</u> The California Department of Managed Health Care is responsible for regulating health care service plans. If you have a grievance against your health plan, you should first telephone your health plan at 1-888-839-9909 and use your health plan's grievance process before contacting the department. Utilizing this grievance procedure does not prohibit any potential legal rights or remedies that may be available to you. If you need help with a grievance involving an emergency, a grievance that has not been satisfactorily resolved by your health plan, or a grievance that has remained unresolved for more than 30 days, you may call the department for assistance. You may also be eligible for an Independent Medical Review (IMR). If you are eligible for IMR, the IMR process will provide an impartial review of medical decisions made by a health plan related to the medical necessity of a proposed service or treatment, coverage decisions for treatments that are experimental or investigational in nature and payment disputes for emergency or urgent medical services. The department also has a toll-free telephone number (1-888-HMO-2219) and a TDD line (1-877-688-9891) for the hearing and speech impaired. The department's Internet Web site http://www.hmohelp.ca.gov has complaint forms, IMR application forms and instructions online.</p> <p>If you have any other questions or concern(s) on this matter, please call L.A. Care at 1-888-839-9909.</p>		
<p><u>State Fair Hearing</u> You may ask for a State Hearing within 90 days of the incident. You may either present your case</p>		

L.A. CARE HEALTH PLAN
APPEALS AND GRIEVANCE UNIT
1055 WEST 7TH STREET
LOS ANGELES, CALIFORNIA 90017

TOLL-FREE 1-888-839-9909

FAX: (213) 438-5748

Tel: (213) 694-1250

yourself, or ask someone to present your case, such as legal counsel, relative, friend, or any other person. For more about State Hearing requests, please call 1(800) 952-5253. For the hearing impaired TDD, please call 1(800) 952-8349. To request a State Hearing in writing please send your letter to the following address

California Department of Social Services
State Fair Hearing Division
P. O. Box 944243, MS 09-17-37
Sacramento, CA 94244-2430

California Department of Health Care Services (DHCS) Office of the Ombudsman

You may also call the Ombudsman Office of the California Department of Health Care Services (DHCS) for help. The Ombudsman Office helps Medi-Cal beneficiaries to fully use their rights and responsibilities as a member of a managed care plan. To find out more, call toll-free 1-888-452-8609.

Member Signature: _____

Date _____

L.A. CARE HEALTH PLAN
APPEALS AND GRIEVANCE UNIT
1055 WEST 7TH STREET
LOS ANGELES, CALIFORNIA 90017

TOLL-FREE 1-888-839-9909

FAX: (213) 438-5748

Tel: (213) 694-1250

Member G&A Form Revised MC061014_EN

MEMBER GRIEVANCE/COMPLAINT FORM
--

Date: _____

Please print all information.
Complainant information:

Name	() Work Telephone Number	() Home Telephone Number
------	---------------------------------	---------------------------------

Address	City	State	Zip Code
---------	------	-------	----------

Name of person(s) related to complainant:

Name	#: ID Number
------	--------------

Name	#: ID Number
------	--------------

Name	#: ID Number
------	--------------

Nature of complaint: [Check all that apply]

- | | | |
|---|--|--|
| <input type="checkbox"/> Marketing | <input type="checkbox"/> Difficulty disenrolling | <input type="checkbox"/> Member billing |
| <input type="checkbox"/> Quality | <input type="checkbox"/> Transportation | <input type="checkbox"/> Accessibility to care |
| <input type="checkbox"/> Emergency care | <input type="checkbox"/> Staff attitude | <input type="checkbox"/> Authorization |

Other: _____

Problem statement: Date of Occurrence: _____ Location: _____

 Describe the problem/complaint in detail: _____

Use the back of this form if additional space is needed.

Signature of Member	Date
---------------------	------

(or signature of parent where member is a minor or incapacitated)

MEDICAL RELEASE

MEMBER: Please provide name and telephone number of any providers who may have treated you for the condition which is the subject of this grievance.

All Medical Records obtained will be held in strict confidence and used solely for the purpose of reviewing your grievance.

I HEREBY AUTHORIZE AND REQUEST THE ABOVE LISTED PROVIDER(S) TO RELEASE ANY AND ALL MEDICAL RECORDS TO HEALTH NET SUPPORTING MEDICAL NECESSITY FOR THE SUBJECT OF THIS GRIEVANCE:

SIGNATURE: _____ **DATE:** _____

(If signed by other than Member) **RELATIONSHIP:** _____
(MOTHER, FATHER, GUARDIAN)

If you should have any further questions or need additional assistance concerning this matter, please contact our Member Services Department toll free at (800) 675-6110 or TTY/TDD Number: (800)-431-0964. When complete, please submit this form to: Health Net, Attn: Medi-Cal Member Appeals and Grievance Department, P.O. Box 10348, Van Nuys, CA 91410-0348. Fax Number: (877) 831-6019.



HealthNet®

YOUR RIGHTS UNDER MEDI-CAL MANAGED CARE

If you still do not agree with this decision, you can:

- Ask for an **“Independent Medical Review” (IMR)** and an outside reviewer that is not related to the health plan will review your case
- Ask for a **“State Hearing”** and a judge will review your case

You can ask for both an IMR and State Hearing at the same time. You can also ask for one before the other to see if it will resolve your problem first. For example, if you ask for an IMR first, but do not agree with the decision, you can still ask for a State Hearing later. However, if you ask for a State Hearing first, but the hearing has already taken place, you cannot ask for an IMR. In this case, the State Hearing has the final say.

You will not have to pay for an IMR or State Hearing.

HOW TO REQUEST CONTINUATION OF BENEFITS

If you are currently getting treatment and you want to continue getting treatment, you must ask for an appeal within 10 days from the date of the “Notice of Action” letter or “Notice of Appeal Resolution” letter was postmarked or delivered to you, OR before the date your Physician Group or Health Net says services will stop. You must say that you want to keep getting treatment when you file the appeal. You can ask to continue receiving the Covered Services while the Appeal or State Hearing is pending, if you meet all of the following conditions:

- 1) Your Appeal is received within **60 days** from the date of the “Notice of Action” letter;
- 2) You are appealing the termination, suspension, or reduction of previously authorized services;
- 3) The Covered Services were ordered by an authorized Provider;
- 4) The period covered by of previously authorized services has not expired; and
- 5) You submit a request to continue receiving the Covered Services within **10 calendar days** of when the “Notice of Action” letter was sent, or before the intended effective date of the proposed action.

INDEPENDENT MEDICAL REVIEW (IMR)

If you want an IMR, you must ask for one within **180 days** from the date of this “Notice of Appeal Resolution” letter. The paragraph below will provide you with information on how to request an IMR. Note that the term “grievance” is talking about both “complaints” and “appeals.”

The California Department of Managed Health Care is responsible for regulating health care service plans. If you have a grievance against your health plan, you should first telephone **Health Net** at



Health Net®

YOUR RIGHTS UNDER MEDI-CAL MANAGED CARE

1-800-675-6110 and use Health Net's appeal process before contacting the Department. Utilizing this grievance procedure does not prohibit any potential legal rights or remedies that may be available to you. If you need help with a grievance involving an emergency, a grievance that has not been satisfactorily resolved by your health plan, or a grievance that has remained unresolved for more than 30 days, you may call the Department for assistance. You may also be eligible for an Independent Medical Review (IMR). If you are eligible for an IMR, the IMR process will provide an impartial review of medical decisions made by a health plan related to the medical necessity of a proposed service or treatment, coverage decisions for treatments that are experimental or investigational in nature and payment disputes for emergency or urgent medical services. The Department also has a toll-free telephone number (**1-888-HMO-2219**) and a TDD line (**1-877-688-9891**) for the hearing and speech impaired. The Department's Internet Website (<http://www.hmohelp.ca.gov>) has complaint forms, IMR application forms, and instructions online.

STATE HEARING

If you want a State Hearing, you must ask for one within **120 days** from the date of this "Notice of Appeal Resolution" (NAR) informing you that the previous Adverse Benefit Determination is partially or fully upheld. But, **if you are currently getting treatment and you want to continue getting treatment, you must ask for a State Hearing within 10 days** from the date this letter was postmarked or delivered to you, OR before the date your health plan says services will stop. You must say that you want to keep getting treatment when you ask for the State Hearing.

You can ask for a State Hearing by phone or in writing:

- By phone: Call **1-800-952-5253**. This number can be very busy. You may get a message to call back later. If you cannot speak or hear well, please call **TTY/TDD 1-800-952-8349**.
- In writing: Fill out a State Hearing form or send a letter to:

**California Department of Social Services
State Hearings Division
P.O. Box 944243, Mail Station 9-17-37
Sacramento, CA 94244-2430**

A State Hearing form is included with this letter. Be sure to include your name, address, telephone number, Social Security Number, and the reason you want a State Hearing. If someone is helping you ask for a State Hearing, add their name, address, and telephone number to the form or letter. If you need an interpreter, tell us what language you speak. You will not have to



HealthNet®

YOUR RIGHTS UNDER MEDI-CAL MANAGED CARE

pay for an interpreter. We will get you one.

After you ask for a State Hearing, it could take up to 90 days to decide your case and send you an answer. If you think waiting that long will hurt your health, you might be able to get an answer within 3 working days. Ask your doctor or health plan to write a letter for you. The letter must explain in detail how waiting for up to 90 days for your case to be decided will seriously harm your life, your health, or your ability to attain, maintain, or regain maximum function. Then, make sure you ask for an **“expedited hearing”** and provide the letter with your request for a hearing.

You may speak at the State Hearing yourself. Or, you can have a relative, friend, advocate, doctor, or attorney speak for you. If you want another person to speak for you, then you must tell the State Hearing office that the person is allowed to speak on your behalf. This person is called an **“authorized representative.”**

LEGAL HELP

You may be able to get free legal help. Call the county’s consumer rights hotline. You may also call the local Legal Aid Society in your county at 1-888-804-3536.



Health Net®

YOUR RIGHTS UNDER MEDI-CAL MANAGED CARE

County	Consumer Rights
Fresno	Fresno Health Consumer Center 2115 Kern Street Suite 1 Fresno, CA 93721 Phone (559) 570 - 1200 Toll Free (800) 675 - 8001 Website http://www.centralcallegal.org
Kern	California Rural Legal Assistance, Inc. 601 High Street (map) Suite C Delano, CA 93215 Phone (661) 725 - 4350 Website http://crla.org Email info@crla.org
Kings	Fresno Health Consumer Center 2115 Kern Street Suite 1 Fresno, CA 93721 Phone (559) 570 - 1200 Toll Free (800) 675 - 8001 Website http://www.centralcallegal.org
Los Angeles	Center for Health Care Rights 520 South Lafayette Park Place Suite 214 Los Angeles, CA 90057 Toll Free (800) 824 - 0780 Email center@healthcarerights.org
Madera	Fresno Health Consumer Center 2115 Kern Street Suite 1 Fresno, CA 93721 Phone (559) 570 - 1200 Toll Free (800) 675 - 8001 Website http://www.centralcallegal.org



Health Net®

YOUR RIGHTS UNDER MEDI-CAL MANAGED CARE

County	Consumer Rights
Riverside	California Rural Legal Assistance, Inc 1460 6th Street Coachella, CA 92236 Phone (760) 398 - 7261 Website http://crla.org Email info@crla.org
Sacramento	Community Legal Services - McGeorge School of Law 3200 Fifth Avenue Sacramento, CA 95818 Phone (916) 340 - 6080
San Bernardino	California Rural Legal Assistance, Inc 1460 6th Street Coachella, CA 92236 Phone (760) 398 - 7261 Website http://crla.org Email info@crla.org
San Diego	California Rural Legal Assistance, Inc. 640 Civic Center Drive #108 Vista, CA 92084 Phone (760) 966 - 0511 Website http://crla.org Email info@crla.org
San Joaquin	Legal Services of Northern California Phone: (888) 354-4474
Stanislaus	Central California Legal Services, Inc. Phone: (559) 570-1200
Tulare	Central California Legal Services, Inc. Phone: (559) 570-1200

Los Angeles County/Harbor-UCLA Medical Center
 PATIENT ADVOCATE INQUIRY LOG

October 2019

DATE RECEIVED	PATIENT/FAMILY NAME (Last, First)	MRUN	PHONE #	INQUIRY/RESOLUTION	CALL BACK DATE	Telephone (T) Walk-In (WI)

Note: There will be three callback attempts before the inquiry is closed. N/A is only applicable when the concern is addressed on the same date.
 Use in the INQUIRY: A=Appointment, B=Billing, C=Claim Form, D=Disability Form, M=Medical Records RM101

MESSAGE AND PHONE LOG - MONTH OF: _____

DATE RECEIVED	CALLER/PATIENT NAME (Last, First)	MRUN	PHONE #	CALLER CONCERN	CALL BACK DATE	RESPONSE TO CONCERNS	RESOLUTION			LETTER SENT		Code
							Date Closed	<7-DAY	>7-DAY	YES	NO	
										Y	N	N/A
										Y	N	N/A
										Y	N	N/A
										Y	N	N/A
										Y	N	N/A
										Y	N	N/A
										Y	N	N/A
										Y	N	N/A
										Y	N	N/A
										Y	N	N/A
										Y	N	N/A
										Y	N	N/A
										Y	N	N/A

Note: Letters do not need to be sent to the grievant if Patient Advocate Office addresses the request on the date of the call. All calls received on the weekend will be returned on the next business day. There will be three callback attempts before the inquiry is closed. N/A is only applicable when the concern is addressed on the same date.

**County of Los Angeles
Department of Mental Health**

**Jonathan E. Sherin, M.D.
Director**



**LAC
DMH**
LOS ANGELES COUNTY
MENTAL HEALTH

Patients' Rights Office



**"Safeguarding the rights of our
Beneficiaries"**

**Patients' Rights Office
550 South Vermont Ave, 6th Fl., #608
Los Angeles, CA 90020
800-700-9996
213-738-4888**

**Office of Patients' Rights
550 South Vermont Ave, 6th Fl., #608
Los Angeles, CA 90020
800-700-9996
213-738-4888**



**County of Los Angeles
Board of Supervisors**



**Hilda L. Solis
First District**

**Mark Ridley-Thomas
Second District**

**Sheila Kuehl
Third District**

**Janice Hahn
Fourth District**

**Kathryn Barger
Fifth District**

Why the Office of Patients' Rights?

The Office of Patients' Rights was created in response to state legislation requiring the mental health director of each county to appoint patients' rights advocates to protect and further the Constitutional and Statutory rights of mental health consumers.

Whose interests do Patients' Rights Advocates serve?

Patients' Rights Advocates protect the rights of mental health consumers as outlined by Federal Law, State Regulation and County Guidelines.

What the Office of Patients' Rights Does?

- Investigates and resolves complaints
- Represents involuntarily detained consumers in Probable Cause and Medication Hearings
- Provides training regarding mental health laws and patients' rights
- Collects data regarding denial of rights and involuntary detention
- Monitors mental health facilities for compliance with patients' rights laws, regulations and policies

Specialized Programs and Services

Representation at Certification Review/Probable Cause & Riese Medication Capacity Hearings

Patients' Rights Advocates travel to hospitals throughout Los Angeles County representing patients at administrative hearings. These hearings are held to determine if a patient meets criteria for extended involuntary hospitalization (14-day and 30-day holds) and to determine if a patient has capacity to make an informed decision whether or not to take psychiatric medications.

Beneficiary Services Program

- Investigates and responds to grievances/complaints regarding directly operated clinics, contract agencies and affiliates
- Assists with appeals and State Fair Hearings and provides advocacy and mediation services
213-738-4949

Residential Advocacy Program

- Enhances the quality of life for mental health consumers in all types of residential housing through advocacy and mediation

Specialized Programs and Services
Cont.

Jail Advocacy Program

- Provides support and a voice for mental health inmates
- Investigates and responds to inmates' complaints
- Educates Jail Mental Health staff on patients' rights issues

Minors' Advocacy Program

- Specializes in issues regarding minors' rights and parents' rights/responsibilities

IMD Program

- Works directly with IMD consumers, providers, family and interested parties
- Monitors IMDs for compliance with patients' rights laws, regulations and policies

Project Search

- Assists families and friends in finding missing mental health consumers without violating consumers' privacy or HIPAA regulations

Training & Consultation

- Provides training and educational presentations to consumers, providers and interested parties

**COUNTY OF LOS ANGELES – DEPARTMENT OF MENTAL HEALTH
PATIENTS' RIGHTS OFFICE**

**Confidential Client Information: See Welfare and Institutions Code
Section 5328**

**BENEFICIARY/CLIENT GRIEVANCE OR APPEAL AND
AUTHORIZATION FORM**

**You may file a GRIEVANCE at any time.
You may authorize another person to act on your behalf.**

**You have the right to file an APPEAL with the Patients' Rights Office or
to request a STATE FAIR HEARING when the Local Mental Health Plan:**

- 1. Denies or limits authorization of a requested service;**
- 2. Reduces, suspends, or terminates a previously authorized service;**
- 3. Denies, in whole or in part, payment for a service;**
- 4. Changes services or fails to provide them in a timely manner;**
- 5. Fails to act within the timeframes for disposition of standard grievances, the resolution of standard appeals or the resolution of expedited appeals.**

**Only clients who are Medi-Cal recipients and who have completed the
MHP's Appeal process may request a State Fair Hearing.**

Person Filing the Grievance or Appeal

LAST NAME	FIRST NAME	M.I.	BIRTH DATE	MEDI-CAL #

ADDRESS	CITY	STATE	ZIP	HOME PHONE

Grievance or Appeal Filed Against

NAME OF FACILITY/PROVIDER/PROGRAM	PHONE

ADDRESS	CITY	STATE	ZIP CODE

BENEFICIARY/CLIENT GRIEVANCE/APPEAL & AUTHORIZATION FORM
(Continued)

AUTHORIZATION FOR USE AND DISCLOSURE OF HEALTH INFORMATION:

If you sign this document, you give permission to the Los Angeles County – Department of Mental Health, Patients' Rights Office to investigate your Grievance or Appeal. This Authorization will allow your health care providers to disclose the following health information to Los Angeles County – Department of Mental Health, Patients' Rights Office to investigate your Grievance or Appeal:

- **Your past and current medical records; and**
- **Other information relating to your grievance or appeal and/or denial or rights.**

Expiration Date:

This Authorization will expire on the date of the resolution of your Grievance or Appeal.

Your Rights Regarding This Authorization:

If you agree to sign this Authorization, you must be provided with a signed copy of this form.

You do not have to sign this Authorization, and your refusal will not affect your ability to obtain treatment.

You can revoke or cancel your Authorization to allow use of your health information at any time by telling Los Angeles County – Department of Mental Health in writing. You must sign your revocation request and mail or deliver it to:

**County of Los Angeles – Department of Mental Health
Patients' Rights Office
550 South Vermont Avenue
Los Angeles, CA 90020**

If you revoke this Authorization, we may still use and share your health information that has already been obtained for reasons related to prior reliance of this Authorization.

BENEFICIARY/CLIENT GRIEVANCE/APPEAL & AUTHORIZATION FORM
(Continued)

Authorization Approval: By signing this form, I authorize the use or disclosure of the health information described above. I understand that my health information used or disclosed as a result of my signing this Authorization may not be further used or disclosed unless another authorization is received from me or such use or disclosure is specifically permitted or required by law.

Signature of Client/Client's Representative

Date

If signed by client's personal representative, state relationship and authority to do so.

YOU HAVE THE RIGHT TO FREE LANGUAGE ASSISTANCE SERVICE.

CALL THE PATIENTS' RIGHTS OFFICE FOR ASSISTANCE AT:

**NON-HOSPITAL GRIEVANCES/APPEALS- (213) 738-4949
HOSPITAL GRIEVANCES/APPEALS - (800) 700-9996 or (213) 738-4888**

- ◆ **Did you complete the information requested on the form?**
- ◆ **Did you list your phone number and address where we can contact you?**
- ◆ **Did you sign both the Grievance or Appeal section on page 2 and the Authorization section on this page?**

Please mail to:

**County of Los Angeles – Department of Mental Health
Patients' Rights Office
550 South Vermont Avenue
Los Angeles, CA 90020**

Please don't forget a postage stamp.