PATIENT (GUARDIAN AND/OR FAMILY) GRIEVANCE PROCEDURE

1. Patients are strongly encouraged to reveal any complaints, dissatisfaction, abuse, neglect, or exploitation and may do so to any staff member of the Psychiatry Outpatient Clinic.
2. Action will be taken to resolve all complaints within 24 hours during the week or 72 hours over a weekend or holiday. The resolution procedure should take no longer than 7 days. That patient will be informed by a staff member of findings and recommendations.
3. The individual who receives and responds to all complaints is the Program Director and/or the Medical Director. The patient may have direct access to either of these individuals at any time.
4. All complaints and results of investigation will be documented on the grievance form and placed in a notebook at the Program Director’s office for inspection by appropriate officials.
5. All complaints that cannot be resolved at TTUHSC, Psychiatry Outpatient Clinic, will be forwarded to the TTUHSC Coordinator for Patient/Physician Relations.
6. The TTUHSC Coordinator for Patient/Physician Relations will forward all grievances that cannot be resolved to TCADA if the grievance involves issues related to substance abuse services.
7. The TTUHSC Coordinator for Patient/Physician Relations has the authority to report unresolved grievances to the clinician’s licensing board for investigation.
8. The patient has the right to grieve directly to the appropriate agency or licensing board that has jurisdiction over patient rights and well-being as follows:

(For Substance Abuse Patients)

TCADA

720 Brazos, Suite 403

Austin, TX 78701-2506

(512) 867-8700

(For Substance Abuse Patients and Mental Health Patients)

State Board of Medical Examiners

P.O. Box 16532-13562

Austin, TX 78711

(512) 834-7728

1. If patient cannot read or write, the facility will proved assistance in writing a complaint and provide pens, paper, envelopes, postage, and telephone to facilitate posting a complaint.
2. The grievance procedure and complaint form will be written and posted in English and Spanish and every effort will be made to provide translation services for other primary language as needed.
3. Each patient will receive a copy of the grievance procedures, and the patient will sign to verify that he has read, understands, and has received a copy of this policy.

Signature Date

(Client and/or Guardian)

Staff Member