

Privacy

- GBACHC protects the privacy of individuals receiving health services in accordance with the Health Information Act. To properly review and resolve any issues, we work with the patient, or an authorized representative (usually a close family member), to gather and share information about the services received.
- Personal or health information collected will only be used for the purpose of tracking, follow up, communications and trending. Information is collected pursuant to section 33 of the Freedom of Information and Protection of Privacy Act and under the authority of sections 20(b) of the Health Information Act (HIA) for administering patient complaint and feedback. For more information, or if you have questions or concerns about the collection, use or disclosure of your health information please contact Cate Melito, Privacy Officer at 519.238.1556 x263 or Email: cmelito@gbchc.com

Client Relations Description

This service is where patients, family members, and the public may express complaints about the health services they receive through Grand Bend Area Community Health Centre (GBACHC). It also receives suggestions, and compliments and acts as a resource for both patients and GBACHC staff and practitioners during the Patient Concerns Process. Staff and practitioners may be involved with:

- receiving and acknowledging a complaint
- obtaining information from the complainant about their complaint
- explaining the patient concerns resolution process and identifying the next steps to the complainant
- assisting with coordination and communication of the patient feedback process with the public, staff, practitioners and management
- acting as an ongoing contact for the complainant, including updates to the patient concerns resolution process
- documentation of the process and outcome of the complaint

- the Manager of Integrated Primary Care and Chronic Disease, Director of Primary Care Support Services and Executive Director, are available to work with patients and GBACHC staff to resolve a complaint and provide a response.

The following options are available for resolving a complaint:

Option 1

- Discuss your concern with your care team. Because your care team knows you best, discussing your concern with them may resolve the issue right away. You may also ask the manager of the program or service area for help.

Option 2

- Contact the Manager of Integrated Primary Care and Chronic Disease or Director of Primary Care Support Services to access Client Relations support by telephone, fax or mail:
 - **Phone:** 519.238.1556 x283 or 228
 - **Fax:** 519.238.2967
 - **Mail:** Grand Bend Area Community Health Centre
C/O: Client Relations
69 Main Street East
Grand Bend, Ontario N0M 1T0
 - **Online Feedback Form**

Once we hear from you, a representative will be in touch with you by phone within three business days. This person will clarify the details of your concern, and staff will work with you to resolve the concern.

Office Use Only

_____ In Person
Feedback Received By Date Received In Writing

Feedback Received

Action Taken

_____ _____
Date Action Completed Manager's Signature

Was the client relations process completed? Yes • No

If no, identify recommendations for further action and by whom

Copy sent to Executive Director

Action Taken

Date Action Completed

Executive Director's Signature