



Feedback Process & Form

Do you have feedback that you would like us to know about?

The Happy Valley Family Health Team strives to provide the highest quality of healthcare in a safe and supportive environment. If you have a concern about quality of care including program information, we encourage you or your family to first discuss your concern with the appropriate member(s) of your healthcare team. Your Physician or the nurses, social workers and other healthcare professionals who have been involved in your care are most familiar with your particular situation. Usually, they will be able to quickly resolve any issue you may have. If a member of your healthcare team is unable to satisfy your concerns, or if you are not satisfied with their response, please file a complaint with the Executive Director. All such complaints will be thoroughly investigated.

The Process:

Initially you should speak with the appropriate members of your healthcare team about your concern as soon as reasonably possible. If you are unable to resolve the problem in this way, please take the following steps:

1. Complete the feedback form. Completed forms may be mailed to:

Kimberly Lang, Executive Director

268 Maiden Lane PO Box 1120

St.Marys, ON N4X 1B7

2. Once received, the completed form will be reviewed by the Executive Director.

3. All concerns will be thoroughly investigated; you will be contacted by telephone within 30 days of receipt of the complaint.

4. In order to address concerns, the Executive Director may review the form with the appropriate health care team member(s) and ask him/her to provide input.

Safeguarding your privacy

Because all medical information is confidential, consent will be obtained from complainants if patient confidential medical information is required to address the concern.

What are the possible outcomes of a Feedback Patient Form?

Once all the information has been reviewed, the Happy Valley Family Health Team may decide to do one of the following:

1. Engage in further discussions with you and the most appropriate health care professional involved in your care to resolve the complaint to all parties' satisfaction.
2. Take no further action if care provided was appropriate.
3. Refer concerns to the Happy Valley Family Health Team's Lead Physician for further review.

If you have any questions regarding this process, please contact:

Kimberly Lang, Executive Director

268 Maiden Lane Box 1120

St.Marys, ON N4X 1B7

HVFHT Patient Feedback Form

Date: _____

Person Registering the Feedback:

First Name:	Last Name:
Address:	
Daytime Phone Number:	
Evening Phone Number:	
Email Address:	

Patient Information (if other than the person registering the concern):

First Name:	Last Name:
Address:	
Daytime Phone Number:	
Evening Phone Number:	
Email Address:	
Family Physician:	

DETAILS OF THE FEEDBACK

Provide details of your feedback including the following as appropriate/applicable

Date of Incident:	Time of Incident:
Was this a CLINIC visit: ⇨ YES ⇨NO	Was this a PROGRAM visit: ⇨ YES ⇨NO
Name of the Healthcare team member(s) involved	
Doctor:	Nurse:
Receptionist:	Other:
What is your concern: (continue on next page/reverse)	

Describe any efforts you have made to resolve this matter:

Please describe the result or outcome that you seek:

Do you consider this matter urgent: ⇨ YES ⇨NO

If yes, please explain why:

Please forward the completed form to:

Kimberly Lang

Executive Director

Happy Valley Family Health Team

268 Maiden Lane, PO Box 1120

St.Marys, ON N4X 1B7

Fax: 519-284-4471

FOR OFFICE USE ONLY

Concern Received by:

Date:

Concern Investigated by:

Date:

Date of response sent to client:

Resolved: ⇨ YES ⇨NO