

Policy Name:	Patient Complaints
Purpose	To outline the procedures and channels through which patients can submit complaints about their experience at Lakeside MRI & Diagnostic Center. This policy aims to ensure that complaints are managed effectively and resolved in a timely manner.
Scope	This policy applies to all patients, guardians, and representatives who wish to submit a complaint regarding services received at Lakeside MRI & Diagnostic Center.
Policy Statement	Lakeside MRI & Diagnostic Center is committed to addressing patient complaints with diligence and respect. We provide multiple avenues for patients to submit complaints and ensure that these concerns are handled in a systematic and fair manner.

Definitions

- **Patient Complaint:** Any expression of dissatisfaction by a patient regarding the services, staff, or any aspect of their experience at Lakeside MRI & Diagnostic Center.
- **Complaint Submission Form:** A standardized form used to document and submit patient complaints.

Responsibilities

- **Patients:** Responsible for providing clear and detailed information when submitting a complaint.
- **Staff:** Responsible for assisting patients with the complaint submission process and ensuring complaints are directed to the appropriate channels.
- **Complaint Resolution Team (CRT):** Responsible for investigating and resolving submitted complaints.

1. Complaint Submission Procedures

1.1 Methods of Submission

- **Patients can submit a complaint through the following methods:**
 - a) **In-Person:**
 - **Location:** Complaints can be submitted at the reception desk or any designated patient services area.
 - **Assistance:** Staff members are available to help patients complete the Complaint Submission Form if needed.
 - b) **By Mail:**
 - **Send written complaints to:**
 - Lakeside MRI & Diagnostic Center
17360 Hwy 3, Webster TX 77598
 - **Form:** Include a completed Complaint Submission Form with the letter or provide a detailed description of the issue.
 - c) **By Email:**
 - **Send complaints to agaspard@lakesidemri.com.**
 - **Form:** Include a completed Complaint Submission Form with the letter or provide a detailed description of the issue.

d) By Phone:

- **Call (281) 338-5575 to submit a complaint.**
- **Documentation:** A staff member will document the complaint and submit to a supervisor or manager.

1.2 Complaint Submission Form

1. Form Content:

- Patient's Name
- Contact Information
- Date and Time of Incident
- Description of Complaint
- Desired Resolution
- Signature (if submitting in person or by mail)

2. **Availability:** The Complaint Submission Form is available at the reception desk, on the Lakeside MRI & Diagnostic Center website, and upon request through email or phone.

1.3 Receipt and Acknowledgment

1. **Confirmation:** Upon receipt of a complaint, an acknowledgment will be sent to the patient within 7 business days, confirming that the complaint has been received and is under review.

2. Follow-Up and Resolution

1. **Investigation:** The Complaint Resolution Team will review and investigate the complaint thoroughly.
2. **Resolution:** The team will work to resolve the issue and inform the patient of the outcome, including any corrective actions taken.
3. **Timeliness:** Complaints will be addressed and resolved within 14 business days from receipt, depending on the complexity of the issue.

8. Confidentiality and Privacy

1. **Confidentiality:** All complaints and related information will be handled confidentially in accordance with HIPAA regulations and Lakeside MRI & Diagnostic Center's privacy policies.
2. **Privacy:** Ensure that patient complaints are processed discreetly to protect patient privacy and dignity.

9. Review and Improvement

1. **Policy Review:** This policy will be reviewed annually and updated as necessary to reflect best practices and regulatory requirements.
2. **Feedback:** Use patient feedback and complaint data to improve service quality and address any recurring issues.

10. Contact Information

For questions or assistance with the complaint submission process, please contact:

- **Phone Number:** (281) 338-5575
- **Email Address:** agaspard@lakesidemri.com
- **Office Hours for assistance:** Monday-Friday 8:30-4:30

Approved By: *Amanda Gaspard*

Date: 9/18/24

Review Date: 9/18/25