

THE GUIDANCE CENTER OF WESTCHESTER

Regarding this comment, I DO NOT wish to be contacted

Regarding this comment, I wish to be contacted in the following manner (check all that apply):

- Home Phone Cell Phone Leave message with detailed information Leave message with a call back number only
- OK to mail my home address OK to send a fax
- Send an email with detailed information Send an email with a request to call only

Filing a compliment or complaint is strictly voluntary; however, without the information requested above we may be unable to adequately process your comment. We collect this information under authority of the Privacy Rule issued pursuant to the Health Insurance Portability and Accountability Act of 1996 (HIPAA). We will use the information you provide to determine how we will process and/or respond to your comment.

Information submitted on this form is treated confidentially. Names or other identifying information about individuals are disclosed when it is necessary for investigation of health-related matters, possible health information privacy violations, for internal systems operations or for routine uses, including disclosure for purposes associated with health information and privacy compliance as permitted by law.

I understand that a written record of this exchange will be kept in the client's confidential medical file at (The Guidance Center of Westchester). It is illegal for anyone at this entity to intimidate, threaten, coerce, discriminate or retaliate against you for filing a complaint or for taking any other action should you elect to enforce your rights.

You are not required to use this form. You may choose to write a letter and send it to the address below.

Signature (opt.): _____ **Date:** _____
Client or Parent/Guardian

RETURN THIS COMPLETED FORM AND ADDITIONAL DOCUMENTATION TO:

The Guidance Center of Westchester
Attn: Compliance Officer
256 Washington Street
Mount Vernon, NY 10553

In the event of a complaint, an investigation will be conducted and you may be contacted to provide additional information. The issue will be addressed and a resolution will be communicated, typically within 30 business days.

FOR TGCW STAFF ONLY:

Investigation:

Status	Yes	No	Method of Contact	Date of Contact	Time	Message Left/ Spoke To
Client Contacted						
Staff Contacted						
Director Contacted						

Resolution:

Status	Yes	No	Method of Contact	Date of Contact	Time	Message Left/ Spoke To
Client Contacted						
Client Satisfied						

CLIENT/FAMILY NOTIFIED OF RIGHT TO APPEAL IF UNSATISFIED? YES NO

NAME/TITLE OF PERSON RESOLVING ISSUE: _____

SIGNATURE OF COMPLIANCE OFFICER: _____ **DATE:** _____