

PHOENIXVILLE HEALTH CARE ACCESS

CLIENT GRIEVANCE POLICY AND PROCEDURES

It is the policy of Phoenixville Health Care Access Program that services will be provided to all individuals who are eligible without discrimination on the basis of HIV infection, race, creed, color, age, sex, gender, sexual orientation, religion, ancestry, national origin, physical or mental handicap (including substance abuse), immigrant status, political affiliation or belief.

It is the policy of Phoenixville Health Care Access Program to provide all clients and those seeking services with a copy of the Client Grievance Policy and Procedures and an opportunity to file a grievance. If you choose to file a grievance, you are assured that no adverse repercussions will occur to you in any future interaction with Phoenixville Health Care Access Program. A grievance may be filed for the following reasons:

1. You feel that you were improperly denied services.
2. You feel that the services were not effective.

If you have a grievance or recommendation, you should first discuss it with the Program staff person you are working with. If this is not successful or if you feel this is not an option, you should proceed with the following steps:

1. A written statement should be prepared (including date and time of grievance). You may ask for assistance from any staff. Use the Grievance Reporting form available from Executive Director.
2. Submit the grievance to the Program Director within 5 working days. An appointment will be scheduled for you to meet with the Executive Director to resolve your grievance.
3. If a resolution has not occurred within 10 working days, your grievance will be referred to the Board Chairman.
4. If the determination of the Board Chairman is still not satisfactory to you, it may be requested that the Phoenixville Health Care Access Board of Directors review the matter at their discretion, and their decision will be final.

I have received a copy of this Grievance Policy & Procedure.

Signature

Date