Patient Rights and Responsibilities (Large Print)

OUR COMMITMENT TO YOU, OUR PATIENT:

At Providence St. Joseph Health and its Affiliates (collectively "PSJH"), we believe health is a human right. Every person deserves to live their healthiest life. Our mission calls for us to care for all by honoring the dignity and diversity of each person. We welcome you, at every stage of life, and we are committed to providing care that recognizes and affirms you as a whole person. We strive to create a welcoming, safe and respectful environment for you to celebrate life's most sacred moments and for us to stand by you when times are tough. You can count on us to hear you, understand you and work with you to meet your health goals. More than a place of healing and health, we're committed to eliminating health

inequities, including giving everyone equitable access to safe, high-quality, effective care. We will not discriminate, and you can expect care that is free of prejudice. We thank you for entrusting us with your care – it is our greatest responsibility and honor.

AS OUR PATIENT, YOU HAVE THESE RIGHTS:

To respect, dignity, and justice

You have the right to receive considerate, compassionate, confidential and respectful care. You will be treated with dignity, and therefore be free from neglect, exploitation, abuse, harassment, racism, or discrimination. All patients have the right to be free from physical or mental abuse, and corporal punishment. Providence St. Joseph Health and its Affiliates (collectively

"PSJH") will provide high-quality, inclusive care to all that visit us. We see you as the unique person you are, and we will provide your care in a culturally responsive manner.

We are committed to removing the causes of oppression. We respect and diligently care for all individuals accessing services. We welcome people of all races, ages, creeds, ethnicities, cultures, national origins, citizenship, languages and/or immigration statuses, economic statuses, the source of payment for care, religions, traditions, practices, and ancestries. We honor and respect all marital, domestic partnership, or civil unions, appearances and body sizes, sexes, sexual orientations and gender identities or expressions. We welcome and provide equitable care for all physical or psychiatric or intellectual

disabilities, handicaps or abilities, medical conditions (including HIV/AIDS status, cancer, genetic, substance use and eating disorders), family medical histories, veteran or military statuses, and any characteristic protected by federal, state, or local law.

To a safe environment

You have the right to receive care in a safe setting, to access protective and advocacy services, and to be free from abuse and harassment.

To be free of restraint or seclusion

You have the right to be free from restraint or seclusion. The use of restraint or seclusion for the following reasons is prohibited: based on the patient's race, color, national origin, age, disability (recognized by anti-discrimination

laws), or sex (including pregnancy, sexual orientation, gender identity, and expression), and all other categories protected under the law. Hospital and professional staff members receive education and training (in accordance with statutory and regulatory requirements) on assessment of patients who exhibit behaviors that may inhibit the patient's ability to protect themselves and others from harm or injury.

To your chosen visitors

In accordance with applicable hospital and clinic policies, you have the right to receive visitors of your choice. These visitors include, but are not limited to, a spouse, a domestic partner (including a same-sex domestic partner), another family member, or a friend. These visitors will not be restricted or otherwise denied visitations

privileges because of race, color, national origin, sex, sexual orientation, gender identity or expression, age, or disability. You hold the right to withdraw or deny such consent at any time.

You also have the right to have a family member or representative of your own choice and your own primary care physician notified promptly of inpatient admission to the hospital.

To access medical care responsive to your unique needs

You have the right to access services, treatment or accommodations that are available at our facilities and that are medically necessary. Our goal is to align with your personal health and life goals and take into account all of who you are. In

accordance with applicable hospital policies, patients with disabilities have the right to designate at least three support persons, including at least one support person to be present at all times in the emergency department and/or during a hospital stay.

To discuss and participate in your health care decisions

You have the right to discuss, ask questions about, and make decisions regarding your care. You know yourself best, which is why we listen to your health goals and partner with you to achieve them. You will have your personal, cultural and spiritual values, preferences and beliefs honored when deciding about treatment. If you desire, your trusted decision maker treatment. If you desire, your trusted decision maker or others of

your choosing may participate in decisions about your care. You also have the right to request the consultation of a specialist, ethicist and/ or chaplain. And, to help ensure you understand the care being given or proposed, interpreter services are available at no cost to you.

To have your wishes honored

You have the right to have your treatment decisions respected. If you become unable to speak for yourself in making decisions about your care, we will respect the decisions of the person you named as your power of attorney for health care, health care agent, or trusted decision maker. If your advance directive or other advance care planning document indicates preferences regarding specific treatments, we will honor your

choices within the limitations imposed by your condition. If you do not have an advance directive or similar advance care planning document on file, we will offer to help you in completing one. Providence's focus for care through the end of life is on meeting the needs of patients and their loved ones, alleviating their suffering, and improving the quality of their lives. We will provide access to spiritual care, palliative care and hospice care within a full continuum of care. When appropriate, we will help coordinate donations of organs and other tissues as in accordance with your directives while providing compassionate end-of-life care.

To informed consent and declination of care

You have the right to be informed by your doctor

of your diagnosis, treatment and prognosis in a way that you understand, so that you can make informed decisions regarding your care. To the degree possible this should be based on an explanation of your condition and all proposed procedures and treatments, including the possibility of any serious risks or side effects, problems related to recovery and the probability of success. In addition, you have the right to understand the risks and benefits of not having the proposed procedures and treatment. Your right to receive treatment is not conditioned upon having and advanced directive, POLST, or an order withdrawing or withholding life support such as a Do Not Resuscitate order. Patients and designees have the right, to the greatest extent possible, to participate in decisions concerning

their medical care, including any research projects or ethical issues that may arise. This includes the right to decline treatment or leave the hospital, even if advised not to do so by your provider for medical reasons.

To continuity of care

You have a right to receive information that allows you to understand the choices that you have as we assist you in planning for continued health care needs that may exist when you leave our care and facilities. This includes coordinating treatment, evaluations, and if necessary, transferring to another facility.

To adequate pain control

You have the right to have your pain managed while receiving care and services.

To your medical records

You have right to receive information about your health status, diagnosis, prognosis, course of treatment, prospects for recovery and outcomes of care in terms you can understand. You have the right to access your medical records. You will receive a separate Notice of Privacy Practices that explains your rights to access your records. You have the right to effective communication and to participate in the development and implementation of your plan of care.

You have the right to participate in ethical questions that arise during your care, including issues of conflict resolution, withholding resuscitative services and forgoing or withdrawing of life-sustaining treatment. In

addition, you have the right to sign up for the MyChart patient portal. MyChart provides up-to-date information on appointments, medications, health conditions, labs, studies, after-visit summaries, clinical notes and other information in real time with no unique access request. Please visit Providence.org for more information.

To privacy and confidentiality

You have the right to confidential treatment of all communications and records pertaining to your care and stay. You will receive a separate Notice of Privacy Practices that explains your privacy rights in detail and how we may use and disclose your medical information. You have the right to have personal privacy respected. Case discussion, consultation, examination, and treatment are confidential and should be conducted discreetly. You have the right to know

the name of the licensed healthcare practitioner acting within the scope of his or her professional licensure who has primary responsibility for coordinating the care, the names and professional relationships of physicians and nonphysicians who will see the patient and to be told the reason for the presence of any individual.

To voice complaints about your care and receive a response from us

You have the right to voice concerns or complaints about your care and to receive a response from us, without impacting the quality or delivery of your care.

You may report or contact any of the listed leadership agencies below. Further contact information for complaint and grievance

reporting is available at your chosen health care facility or location.

To understand your financial responsibility and options for assistance

As our patient, you can request a cost estimate and you have the right to receive a copy of a clear, understandable itemized bill. Upon request, you can also have charges explained. If you are experiencing financial hardship, please contact our customer service center at 1-866-747-2455. You can find out about payment options or whether you qualify for financial assistance, regardless of insurance coverage. We are committed to working with any of our patients who ask for assistance to pay a medical bill.

AS A PATIENT, FAMILY MEMBER, OR VISITOR

YOU HAVE RESPONSIBILITIES:

Providence St. Joseph Health and its Affiliates (collectively "PSJH") is a place of healing, where caregivers, patients, family members and visitors alike should feel welcome, safe, and respected. We ask and expect all people who come through our doors or seek care with us to behave in a manner that honors everyone's dignity, and helps us to provide high-quality,

compassionate care. Our staff members are chosen for their skill and expertise and their safety is paramount. Harassment or mistreatment of our staff will not be tolerated. While in our care or visiting someone who is, we expect the following of you:

- **Be considerate and respectful of those around you, including to those providing care or receiving it.**

- **Understand that caregivers will not be reassigned for reasons unrelated to their professional role.**
- **Refrain from using discriminatory and/or derogatory language or behavior of any kind. It will not be tolerated and may result in your exclusion or removal from the facility.**
- **Inform your provider about your health priorities, so you can create a plan together.**
- **Provide your medical history and treatment information accurately and completely.**
- **Report unexpected changes in your condition, take part in decisions, and ask providers questions about your care.**
- **Consider your providers' advice and follow the treatment plan that is recommended. This includes notifying your providers if you are unable to keep an appointment or follow**

medical guidance

- **Provide us with a copy of your medical advance directive, living will and/or the identity and contact information of your designated trusted decision maker, if you have one.**
- **Work with your caregiver to complete a medical advance directive, if you don't have one.**
- **Understand your financial responsibilities and options for financial assistance.**
- **Follow care facility policies.**
- **Leave all personal belongings at home.**

Additional Requirements for State of Alaska:

- **There is an additional set of Patient Rights & Responsibilities for Behavioral and Mental Health patients.**
- **Anchorage Municipality healthcare facilities are required to provide cost estimates to patients if**

requested within 10 business days from receiving the request. We will provide a written or electronic estimate of reasonably anticipated health care charges to treat the patient's condition when receiving nonemergency medical services.

Additional Requirements for State of Oregon:

If someone with a disability comes to Providence for medical care, they have the following rights:

- To choose at least three support persons to help them communicate and make decisions about their care if they have a physical, intellectual, behavioral, or cognitive impairment, deafness, hearing loss or other communication barriers, blindness, autism or dementia. The support person can be a family member/significant other, guardian, personal care assistant or other paid or unpaid attendant selected by the patient. At least one support person may be at

the bedside with the patient all times in the hospital, including the emergency room.

- **To have a support person physically present for any discussions regarding hospice care, signing an advanced directive, or making decisions that could mean stopping life-sustaining treatments, unless the patient requests otherwise. Providence will not condition the provision of treatment on a patient having a POLST, an advanced directive, or an order withdrawing or withholding life support, such as a Do Not Resuscitate order.**
- **If a patient's request for a support person's presence at their bedside is restricted or denied by the hospital, they shall immediately be notified of the opportunity to request a support care conference to discuss the denial and any parameters for permitting a support person to be present. This support conference will be**

scheduled as soon as possible, but not later than 24 hours after admission or prior to a procedure or operation.

- **The full policy is available in alternate formats upon request by the patient or their legal representative. To make this request, contact the Customer Care Team Phone Number at 503-962-1275 or 855-360-3463.**

You can also file a complaint with the U.S. Department of Health and Human Services, Office for Civil Rights electronically through the Office for Civil Rights Complaint Portal, available at https://ocrportal.hhs.gov/ocr/portal/lobby.jsf, or by mail or phone at:

U.S. Department of Health and Human Services
200 Independence Avenue SW.
Room 509F, HHH Building
Washington, DC, 20201

800-368-1019 or 800-537-7697 (TDD).

Complaint forms are available

at http://www.hhs.gov/ocr/office/file/index.html.

If you are a Medicare beneficiary:

If you are a Medicare Beneficiary and have a concern Regarding quality of care, your Medicare coverage Or premature discharge, you may contact Acentra Health:

Acentra Health

1-888-305-6759 TTY: 711

Hospital	Hospital Contact Information	Accreditation Contact Information	State Health Department Contact Information
Providence Alaska Medical Center	Providence Alaska Medical Center Patient Relations Email Address: PatientRelationsAK@providence.org	The Joint Commission Office of Quality and Patient Safety The Joint Commission Online Form (NEW Incident): https://apps.jointcommission.org/QMSInternet/IncidentEntry.aspx Online Form (UPDATE or ASK Question on Previous	Alaska Department of Health and Social Services Health Facilities Licensing & Certification Attn: Complaint Coordinator 4601 Business Park Blvd., Bldg. K Anchorage, AK 99503 Phone Number: 907-334-2483 Fax: 907-334-2682 Email Address:

Hospital	Hospital Contact Information	Accreditation Contact Information	State Health Department Contact Information
		Incident Submitted – Incident Number is Required): https://apps.jointcommission.org/QMSInternet/IncidentUpdate.aspx Mail to: Office of Quality and Patient Safety The Joint Commission One Renaissance Boulevard Oakbrook Terrace, Illinois 60181	DHCS.HFLC@hss.soa.directak.net

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Providence Kodiak Island Medical Center	Providence Kodiak Island Medical Center Patient Relations Email Address: PatientRelationsAK@providence.org	The Joint Commission Office of Quality and Patient Safety The Joint Commission Online Form (NEW Incident): https://apps.jointcommission.org/QMSInternet/IncidentEntry.aspx Online Form (UPDATE or ASK Question on Previous Incident Submitted – Incident Number is Required):	Alaska Department of Health and Social Services Health Facilities Licensing & Certification Attn: Complaint Coordinator 4601 Business Park Blvd., Bldg. K Anchorage, AK 99503 Phone Number: 907-334-2483 Fax: 907-334-2682 Email Address: DHCS.HFLC@hss.soa.directak.net

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		https://apps.jointcommission.org/QMSInternet/IncidentUpdate.aspx Mail to: Office of Quality and Patient Safety The Joint Commission One Renaissance Boulevard Oakbrook Terrace, Illinois 60181	
Providence Seward Medical Center	Providence Seward Medical Center Patient	Contact the state's department of health to file a formal complaint	Alaska Department of Health and Social Services Health Facilities Licensing &

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	Relations Email Address: PatientRelationsAK@providence.org		Certification Attn: Complaint Coordinator 4601 Business Park Blvd., Bldg. K Anchorage, AK 99503 Phone Number: 907-334-2483 Fax: 907-334-2682 Email Address: DHCS.HFLC@hss.soa.directak.net
Providence Valdez Medical Center	Providence Valdez Medical Center Patient Relations Email	Contact the state's department of health to file a formal complaint	Alaska Department of Health and Social Services Health Facilities Licensing & Certification Attn: Complaint

Hospital	Hospital Contact Information	Accreditation Contact Information	State Health Department Contact Information
	Address: PatientRelationsAK@providence.org		Coordinator 4601 Business Park Blvd., Bldg. K Anchorage, AK 99503 Phone Number: 907-334-2483 Fax: 907-334-2682 Email Address: DHCS.HFLC@hss.soa.directak.net
Providence St. Elias Specialty Hospital	Providence St. Elias Specialty Hospital Patient Relations Email Address: PatientR	The Joint Commission Office of Quality and Patient Safety The Joint Commission Online Form (NEW Incident):	Alaska Department of Health and Social Services Health Facilities Licensing & Certification Attn: Complaint Coordinator 4601 Business

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	elationsAK@providence.org	https://apps.jointcommission.org/QMSInternet/IncidentEntry.aspx Online Form (UPDATE or ASK Question on Previous Incident Submitted – Incident Number is Required): https://apps.jointcommission.org/QMSInternet/IncidentUpdate.aspx Mail to: Office of Quality and Patient Safety	Park Blvd., Bldg. K Anchorage, AK 99503 Phone Number: 907-334-2483 Fax: 907-334-2682 Email Address: DHCS.HFLC@hss.soa.directak.net

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		The Joint Commission One Renaissance Boulevard Oakbrook Terrace, Illinois 60181	
Providence Valdez Counseling Center	Providence Valdez Medical Center Patient Relations Email Address: PatientRelationsAK@providence.org	The Joint Commission Office of Quality and Patient Safety The Joint Commission Online Form (NEW Incident): https://apps.jointcommission.org/QMSInternet/IncidentEntry.aspx Online Form	Alaska Department of Health and Social Services Health Facilities Licensing & Certification Attn: Complaint Coordinator 4601 Business Park Blvd., Bldg. K Anchorage, AK 99503 Phone Number: 907-334-2483

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		(UPDATE or ASK Question on Previous Incident Submitted – Incident Number is Required): https://apps.jointcommission.org/QMSInternet/IncidentUpdate.aspx Mail to: Office of Quality and Patient Safety The Joint Commission One Renaissance Boulevard Oakbrook	Fax: 907-334-2682 Email Address: DHCS.HFLC@hss.soa.directak.net

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		Terrace, Illinois 60181	
Providence Valdez Long Term Care	Providence Valdez Medical Center Patient Relations Email Address: PatientRelationsAK@providence.org	Contact the state's department of health to file a formal complaint	Alaska Department of Health and Social Services Health Facilities Licensing & Certification Attn: Complaint Coordinator 4601 Business Park Blvd., Bldg. K Anchorage, AK 99503 Phone Number: 907-334-2483 Fax: 907-334-2682

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			Email Address: DHCS.HFLC@hss.soa.directak.net
Healdsburg Hospital Providence	Healdsburg Hospital Providence Quality Clinical Excellence Email Address: HHQualityClinicalExcellence@providence.org Phone Number: 707-431-6370	The Joint Commission Office of Quality and Patient Safety The Joint Commission Online Form (NEW Incident): https://apps.jointcommission.org/QMSInternet/IncidentEntry.aspx Online Form (UPDATE or ASK Question on Previous Incident	If a patient or family member wishes to lodge a formal complaint with the California Department of Public Health, they may do so by mail, email, phone or fax: California Department of Public Health Santa Rosa District Office 2170 Northpoint Parkway Santa Rosa, CA 95407

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		Submitted – Incident Number is Required): https://apps.jointcommission.org/QMSInternet/IncidentUpdate.aspx Mail to: Office of Quality and Patient Safety The Joint Commission One Renaissance Boulevard Oakbrook Terrace, Illinois 60181	Phone: 707-576-6775 Fax: 707-576-2037 Online Form: https://www.cdph.ca.gov/programs/chcq/lcp/calhealthfind

Hospital	Hospital Contact Information	Accreditation Contact Information	State Health Department Contact Information
Petaluma Valley Hospital Providence	Petaluma Valley Hospital Providence Patient Relations Email Address: patientrelations@stjoe.org Phone Number: 707-778-2887	The Joint Commission Office of Quality and Patient Safety The Joint Commission Online Form (NEW Incident): https://apps.jointcommission.org/QMSInternet/IncidentEntry.aspx Online Form (UPDATE or ASK Question on Previous Incident Submitted – Incident Number is Required):	If a patient or family member wishes to lodge a formal complaint with the California Department of Public Health, they may do so by mail, email, phone or fax: California Department of Public Health Santa Rosa District Office 2170 Northpoint Parkway Santa Rosa, CA 95407 Phone: 707-576-6775 Fax: 707-576-2037

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Providence Queen of the Valley Hospital	Providence Queen of the Valley Hospital Patient	The Joint Commission Office of Quality and Patient Safety The Joint	If a patient or family member wishes to lodge a formal complaint with the California

Hospital	Hospital Contact Information	Accreditation Contact Information	State Health Department Contact Information
	Relations Email Address: patientrelations_QVMC@providence.org Phone Number: 707-252-4411 ext. 2623	Commission Online Form (NEW Incident): https://apps.jointcommission.org/QMSInternet/IncidentEntry.aspx Online Form (UPDATE or ASK Question on Previous Incident Submitted – Incident Number is Required): https://apps.jointcommission.org/QMSInternet/IncidentUpdate.aspx	Department of Public Health, they may do so by mail, email, phone or fax: California Department of Public Health Santa Rosa District Office 2170 Northpoint Parkway Santa Rosa, CA 95407 Phone: 707-576-6775 Fax: 707-576-2037 Online Form: https://www.cdph.ca.gov/programs/chcq/lcp/calhealthfind

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		Mail to: Office of Quality and Patient Safety The Joint Commission One Renaissance Boulevard Oakbrook Terrace, Illinois 60181	
Providence Redwood Memorial Hospital	Providence Redwood Memorial Hospital Patient Relations Phone Number: 707-445-8121 ext. 5810	The Joint Commission Office of Quality and Patient Safety The Joint Commission Online Form (NEW Incident): https://apps.jointcommissi	If a patient or family member wishes to lodge a formal complaint with the California Department of Public Health, they may do so by mail, email, phone or fax:

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		on.org/QMSInternet/IncidentEntry.aspx Online Form (UPDATE or ASK Question on Previous Incident Submitted – Incident Number is Required): https://apps.jointcommission.org/QMSInternet/IncidentUpdate.aspx Mail to: Office of Quality and Patient Safety The Joint Commission	California Department of Public Health Santa Rosa District Office 2170 Northpoint Parkway Santa Rosa, CA 95407 Phone: 707-576-6775 Fax: 707-576-2037 Online Form: https://www.cdph.ca.gov/programs/chcq/lcp/calhealthfind

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		One Renaissance Boulevard Oakbrook Terrace, Illinois 60181	
Providence Santa Rosa Memorial Hospital	Providence Santa Rosa Memorial Hospital Patient Relations Email Address: patientrelations@stjoe.org Phone Number: 707-547-4647	The Joint Commission Office of Quality and Patient Safety The Joint Commission Online Form (NEW Incident): https://apps.jointcommission.org/QMSInternet/IncidentEntry.aspx Online Form (UPDATE or ASK Question	If a patient or family member wishes to lodge a formal complaint with the California Department of Public Health, they may do so by mail, email, phone or fax: California Department of Public Health Santa Rosa District Office 2170 Northpoint Parkway

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Providence St. Joseph Hospital Eureka	Providence St. Joseph Hospital Eureka Patient Relations Phone Number: 707-445-8121 ext. 5810	The Joint Commission Office of Quality and Patient Safety The Joint Commission Online Form (NEW Incident): https://apps.jointcommission.org/QMSInternet/IncidentEntry.aspx Online Form (UPDATE or ASK Question on Previous Incident Submitted – Incident Number is Required):	If a patient or family member wishes to lodge a formal complaint with the California Department of Public Health, they may do so by mail, email, phone or fax: California Department of Public Health Santa Rosa District Office 2170 Northpoint Parkway Santa Rosa, CA 95407 Phone: 707-576-6775 Fax: 707-576-2037

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Providence Hood River Memorial Hospital	**Providence Hood River Memorial Hospital** Custome	The Joint Commission Office of Quality and Patient Safety The Joint	**Oregon Health Authority** **Health Care Regulation and Quality Improvement**

Hospital	Hospital Contact Information	Accreditation Contact Information	State Health Department Contact Information
	r Care Team Phone Number: 503-962-1275/ 855-360-3463	Commission Online Form (NEW Incident): https://apps.jointcommission.org/QMSInternet/IncidentEntry.aspx Online Form (UPDATE or ASK Question on Previous Incident Submitted – Incident Number is Required): https://apps.jointcommission.org/QMSInternet/IncidentUpdate.aspx	P.O. Box 14450 Portland, OR 97293 Phone: 971-673-0540 Fax: 971-673-0556 Email Address: mailbox.hclc@odhsoha.oregon.gov

Hospital	Hospital Contact Information	Accreditation Contact Information	State Health Department Contact Information
		Mail to: Office of Quality and Patient Safety The Joint Commission One Renaissance Boulevard Oakbrook Terrace, Illinois 60181	
Providence Medford Medical Center	**Providence Medford Medical Center** Customer Care Team Phone Number: 503-962-1275/	The Joint Commission Office of Quality and Patient Safety The Joint Commission Online Form (NEW Incident): https://apps.jointcommissi	**Oregon Health Authority Health Care Regulation and Quality Improvement** P.O. Box 14450 Portland, OR 97293 Phone: 971-673-0540 Fax: 971-673-

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	855-360-3463	on.org/QMSInternet/IncidentEntry.aspx Online Form (UPDATE or ASK Question on Previous Incident Submitted – Incident Number is Required): https://apps.jointcommission.org/QMSInternet/IncidentUpdate.aspx Mail to: Office of Quality and Patient Safety The Joint Commission	0556 Email Address: mailbox.hclc@odhsoha.oregon.gov

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		One Renaissance Boulevard Oakbrook Terrace, Illinois 60181	
Providence Milwaukie Hospital	**Providence Milwaukie Hospital** Customer Care Team Phone Number: 503-962-1275/ 855-360-3463	The Joint Commission Office of Quality and Patient Safety The Joint Commission Online Form (NEW Incident): https://apps.jointcommission.org/QMSInternet/IncidentEntry.aspx Online Form (UPDATE or ASK Question	**Oregon Health Authority Health Care Regulation and Quality Improvement** P.O. Box 14450 Portland, OR 97293 Phone: 971-673-0540 Fax: 971-673-0556 Email Address: mailbox.hclc@odhsoha.oregon.gov

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Providence Newberg Medical Center	**Providence Newberg Medical Center** Customer Care Team Phone Number: 503-962-1275/ 855-360-3463	The Joint Commission Office of Quality and Patient Safety The Joint Commission Online Form (NEW Incident): https://apps.jointcommission.org/QMSInternet/IncidentEntry.aspx Online Form (UPDATE or ASK Question on Previous Incident Submitted – Incident Number is Required):	**Oregon Health Authority Health Care Regulation and Quality Improvement** P.O. Box 14450 Portland, OR 97293 Phone: 971-673-0540 Fax: 971-673-0556 Email Address: mailbox.hclc@odhsoha.oregon.gov

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		https://apps.jointcommission.org/QMSInternet/IncidentUpdate.aspx Mail to: Office of Quality and Patient Safety The Joint Commission One Renaissance Boulevard Oakbrook Terrace, Illinois 60181	
Providence Portland Medical Center	**Providence Portland Medical Center** Custome	The Joint Commission Office of Quality and Patient Safety The Joint	**Oregon Health Authority Health Care Regulation and Quality Improvement**

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	r Care Team Phone Number: 503-962-1275/ 855-360-3463	Commission Online Form (NEW Incident): https://apps.jointcommission.org/QMSInternet/IncidentEntry.aspx Online Form (UPDATE or ASK Question on Previous Incident Submitted – Incident Number is Required): https://apps.jointcommission.org/QMSInternet/IncidentUpdate.aspx	P.O. Box 14450 Portland, OR 97293 Phone: 971-673-0540 Fax: 971-673-0556 Email Address: mailbox.hclc@odhsoha.oregon.gov

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Providence Seaside Hospital	**Providence Seaside Hospital** Customer Care Team Phone Number: 503-962-1275/	The Joint Commission Office of Quality and Patient Safety The Joint Commission Online Form (NEW Incident): https://apps.jointcommissi	**Oregon Health Authority** **Health Care Regulation and Quality Improvement** P.O. Box 14450 Portland, OR 97293 Phone: 971-673-0540 Fax: 971-673-

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		One Renaissance Boulevard Oakbrook Terrace, Illinois 60181	
Providence St. Vincent Medical Center	**Providence St. Vincent Medical Center** Customer Care Team Phone Number: 503-962-1275/ 855-360-3463	The Joint Commission Office of Quality and Patient Safety The Joint Commission Online Form (NEW Incident): https://apps.jointcommission.org/QMSInternet/IncidentEntry.aspx Online Form (UPDATE or ASK Question	**Oregon Health Authority Health Care Regulation and Quality Improvement** P.O. Box 14450 Portland, OR 97293 Phone: 971-673-0540 Fax: 971-673-0556 Email Address: mailbox.hclc@odhsoha.oregon.gov

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		on Previous Incident Submitted – Incident Number is Required): https://apps.jointcommission.org/QMSInternet/IncidentUpdate.aspx Mail to: Office of Quality and Patient Safety The Joint Commission One Renaissance Boulevard Oakbrook Terrace, Illinois 60181	

Hospital	Hospital Contact Information	Accreditation Contact Information	State Health Department Contact Information
Providence Willamette Falls Medical Center	**Providence Willamette Falls Medical Center** Customer Care Team Phone Number: 503-962-1275/ 855-360-3463	The Joint Commission Office of Quality and Patient Safety The Joint Commission Online Form (NEW Incident): https://apps.jointcommission.org/QMSInternet/IncidentEntry.aspx Online Form (UPDATE or ASK Question on Previous Incident Submitted – Incident Number is Required):	**Oregon Health Authority Health Care Regulation and Quality Improvement** P.O. Box 14450 Portland, OR 97293 Phone: 971-673-0540 Fax: 971-673-0556 Email Address: mailbox.hclc@odhsoha.oregon.gov

Hospital	Hospital Contact Information	Accreditation Contact Information	State Health Department Contact Information
		https://apps.jointcommission.org/QMSInternet/IncidentUpdate.aspx Mail to: Office of Quality and Patient Safety The Joint Commission One Renaissance Boulevard Oakbrook Terrace, Illinois 60181	
Pacific Medical Centers	Pacific Medical Centers Email Address: stayhealt	Contact the state's department of health to file a formal complaint	Washington State Department of Health Health Systems Quality

Hospital	Hospital Contact Information	Accreditation Contact Information	State Health Department Contact Information
	hy@pacmed.org Phone Number: 1-888-4-PACMED (1-888-472-2633) Mailing Address: 1200 12th Avenue South Seattle, WA 98144		Assurance Complaint Intake P.O. Box 47857 Olympia, WA 98504-7857 Phone Number: 1-800-633-6828 Form: https://fortress.wa.gov/doh/providercredentialsearch/ComplaintIntakeForm.aspx Email Address: hsqacomplaintintake@doh.wa.gov
Providence Centralia Hospital	Providence Centralia Hospital Quality Services	The Joint Commission Office of Quality and Patient Safety The Joint	Washington State Department of Health Health Systems Quality

Hospital	Hospital Contact Information	Accreditation Contact Information	State Health Department Contact Information
	Email Address: pch.qualityservices@providence.org Phone Number: 360-827-6500	Commission Online Form (NEW Incident): https://apps.jointcommission.org/QMSInternet/IncidentEntry.aspx Online Form (UPDATE or ASK Question on Previous Incident Submitted – Incident Number is Required): https://apps.jointcommission.org/QMSInternet/IncidentUpdate.aspx	Assurance Complaint Intake P.O. Box 47857 Olympia, WA 98504-7857 Phone Number: 1-800-633-6828 Form: https://fortress.wa.gov/doh/providercredentialsearch/ComplaintIntakeForm.aspx Email Address: hsqacomplaintintake@doh.wa.gov

Hospital	Hospital Contact Information	Accreditation Contact Information	State Health Department Contact Information
		Mail to: Office of Quality and Patient Safety The Joint Commission One Renaissance Boulevard Oakbrook Terrace, Illinois 60181	
Providence Regional Medical Center Everett	Providence Regional Medical Center Everett Patient Safety Department Email Address:	The Joint Commission Office of Quality and Patient Safety The Joint Commission Online Form (NEW Incident): https://apps.jointcommissi	Washington State Department of Health Health Systems Quality Assurance Complaint Intake P.O. Box 47857 Olympia, WA 98504-7857

Hospital	Hospital Contact Information	Accreditation Contact Information	State Health Department Contact Information
	NWRPatientSafety@providence.org Phone Number: 425-261-3927	on.org/QMSInternet/IncidentEntry.aspx Online Form (UPDATE or ASK Question on Previous Incident Submitted – Incident Number is Required): https://apps.jointcommission.org/QMSInternet/IncidentUpdate.aspx Mail to: Office of Quality and Patient Safety The Joint Commission	Phone Number: 1-800-633-6828 Form: https://fortress.wa.gov/doh/providercredentialsearch/ComplaintIntakeForm.aspx Email Address: hsqacomplaintintake@doh.wa.gov

Hospital	Hospital Contact Information	Accreditation Contact Information	State Health Department Contact Information
		One Renaissance Boulevard Oakbrook Terrace, Illinois 60181	
Providence St. Peter Hospital	Providence St. Peter Hospital Quality Services Email Address: psph.qualityservices@providence.org Phone Number: 360-493-7352	The Joint Commission Office of Quality and Patient Safety The Joint Commission Online Form (NEW Incident): https://apps.jointcommission.org/QMSInternet/IncidentEntry.aspx Online Form (UPDATE or ASK Question	Washington State Department of Health Health Systems Quality Assurance Complaint Intake P.O. Box 47857 Olympia, WA 98504-7857 Phone Number: 1-800-633-6828 Form: https://fortress.wa.gov/doh/providercredentialse

Hospital	Hospital Contact Information	Accreditation Contact Information	State Health Department Contact Information
		on Previous Incident Submitted – Incident Number is Required): https://apps.jointcommission.org/QMSInternet/IncidentUpdate.aspx Mail to: Office of Quality and Patient Safety The Joint Commission One Renaissance Boulevard Oakbrook Terrace, Illinois 60181	arch/ComplaintIntakeForm.aspx Email Address: hsqacomplaintintake@doh.wa.gov

Hospital	Hospital Contact Information	Accreditation Contact Information	State Health Department Contact Information
Providence Cedars-Sinai Tarzana Medical Center	Providence Cedars-Sinai Tarzana Medical Center Care Concern Line Phone Number: 818-798-6499	The Joint Commission Office of Quality and Patient Safety The Joint Commission Online Form (NEW Incident): https://apps.jointcommission.org/QMSInternet/IncidentEntry.aspx Online Form (UPDATE or ASK Question on Previous Incident Submitted – Incident Number is Required):	If a patient or family member wishes to lodge a formal complaint with the California Department of Public Health, they may do so by mail, email, phone or fax: California Department of Public Health Los Angeles District Office 3400 Aerojet Ave, Suite 323 El Monte, CA 91731 Phone: 626-312-1135 Fax: 626-927-9293

Hospital	Hospital Contact Information	Accreditation Contact Information	State Health Department Contact Information
		https://apps.jointcommission.org/QMSInternet/IncidentUpdate.aspx Mail to: Office of Quality and Patient Safety The Joint Commission One Renaissance Boulevard Oakbrook Terrace, Illinois 60181	Online Form: https://www.cdph.ca.gov/programs/chcq/lcp/calhealthfind
Providence Holy Cross Medical Center	Providence Holy Cross Medical Center Patient	The Joint Commission Office of Quality and Patient Safety The Joint	If a patient or family member wishes to lodge a formal complaint with the California

Hospital	Hospital Contact Information	Accreditation Contact Information	State Health Department Contact Information
	Relations Email Address: HCPatientRelations@Providence.org Phone Number: 818-496-4792	Commission Online Form (NEW Incident): https://apps.jointcommission.org/QMSInternet/IncidentEntry.aspx Online Form (UPDATE or ASK Question on Previous Incident Submitted – Incident Number is Required): https://apps.jointcommission.org/QMSInternet/IncidentUpdate.aspx	Department of Public Health, they may do so by mail, email, phone or fax: California Department of Public Health Los Angeles District Office 3400 Aerojet Ave, Suite 323 El Monte, CA 91731 Phone: 626-312-1135 Fax: 626-927-9293 Online Form: https://www.cdph.ca.gov/programs/chcq/lcp/calhealthfind

Hospital	Hospital Contact Information	Accreditation Contact Information	State Health Department Contact Information
		Mail to: Office of Quality and Patient Safety The Joint Commission One Renaissance Boulevard Oakbrook Terrace, Illinois 60181	
Providence Little Company of Mary Medical Center - San Pedro	Providence Little Company of Mary Medical Center - San Pedro Care Experience Departm	The Joint Commission Office of Quality and Patient Safety The Joint Commission Online Form (NEW Incident): https://apps.jointcommissi	If a patient or family member wishes to lodge a formal complaint with the California Department of Public Health, they may do so by mail, email, phone or fax:

Hospital	Hospital Contact Information	Accreditation Contact Information	State Health Department Contact Information
	ent Email Address: patientexp@providence.org Phone Number: 310-514-5202	on.org/QMSInternet/IncidentEntry.aspx Online Form (UPDATE or ASK Question on Previous Incident Submitted – Incident Number is Required): https://apps.jointcommission.org/QMSInternet/IncidentUpdate.aspx Mail to: Office of Quality and Patient Safety The Joint Commission	California Department of Public Health Los Angeles District Office 3400 Aerojet Ave, Suite 323 El Monte, CA 91731 Phone: 626-312-1135 Fax: 626-927-9293 Online Form: https://www.cdph.ca.gov/programs/chcq/lcp/calhealthfind

Hospital	Hospital Contact Information	Accreditation Contact Information	State Health Department Contact Information
		One Renaissance Boulevard Oakbrook Terrace, Illinois 60181	
Providence Little Company of Mary Medical Center - Torrance	Providence Little Company of Mary Medical Center - Torrance Care Experience Department Email Address: patientexp@providence.org Phone	The Joint Commission Office of Quality and Patient Safety The Joint Commission Online Form (NEW Incident): https://apps.jointcommission.org/QMSInternet/IncidentEntry.aspx Online Form (UPDATE or ASK Question	If a patient or family member wishes to lodge a formal complaint with the California Department of Public Health, they may do so by mail, email, phone or fax: California Department of Public Health Los Angeles District Office 3400 Aerojet Ave, Suite 323

Hospital	Hospital Contact Information	Accreditation Contact Information	State Health Department Contact Information
	Number: 310-303-5079	on Previous Incident Submitted – Incident Number is Required): https://apps.jointcommission.org/QMSInternet/IncidentUpdate.aspx Mail to: Office of Quality and Patient Safety The Joint Commission One Renaissance Boulevard Oakbrook Terrace, Illinois 60181	El Monte, CA 91731 Phone: 626-312-1135 Fax: 626-927-9293 Online Form: https://www.cdph.ca.gov/programs/chcq/lcp/calhealthfind

Hospital	Hospital Contact Information	Accreditation Contact Information	State Health Department Contact Information
Providence Saint John's Health Center	Providence Saint John's Health Center Patient Relations Email Address: PatientRelationsatSaintJohns@providence.org Phone Number: 310-829-8478	The Joint Commission Office of Quality and Patient Safety The Joint Commission Online Form (NEW Incident): https://apps.jointcommission.org/QMSInternet/IncidentEntry.aspx Online Form (UPDATE or ASK Question on Previous Incident Submitted – Incident Number is Required):	If a patient or family member wishes to lodge a formal complaint with the California Department of Public Health, they may do so by mail, email, phone or fax: California Department of Public Health Los Angeles District Office 3400 Aerojet Ave, Suite 323 El Monte, CA 91731 Phone: 626-312-1135 Fax: 626-927-9293

Hospital	Hospital Contact Information	Accreditation Contact Information	State Health Department Contact Information
		https://apps.jointcommission.org/QMSInternet/IncidentUpdate.aspx Mail to: Office of Quality and Patient Safety The Joint Commission One Renaissance Boulevard Oakbrook Terrace, Illinois 60181	Online Form: https://www.cdph.ca.gov/programs/chcq/lcp/calhealthfind
Providence St. Joseph Medical Center	Providence St. Joseph Medical Center Patient	The Joint Commission Office of Quality and Patient Safety The Joint	If a patient or family member wishes to lodge a formal complaint with the California

Hospital	Hospital Contact Information	Accreditation Contact Information	State Health Department Contact Information
	Relations Email Address: psjmcfeedback@providence.org Phone Number: 818-847-4611	Commission Online Form (NEW Incident): https://apps.jointcommission.org/QMSInternet/IncidentEntry.aspx Online Form (UPDATE or ASK Question on Previous Incident Submitted – Incident Number is Required): https://apps.jointcommission.org/QMSInternet/IncidentUpdate.aspx	Department of Public Health, they may do so by mail, email, phone or fax: California Department of Public Health Los Angeles District Office 3400 Aerojet Ave, Suite 323 El Monte, CA 91731 Phone: 626-312-1135 Fax: 626-927-9293 Online Form: https://www.cdph.ca.gov/programs/chcq/lcp/calhealthfind

Hospital	Hospital Contact Information	Accreditation Contact Information	State Health Department Contact Information
		Mail to: Office of Quality and Patient Safety The Joint Commission One Renaissance Boulevard Oakbrook Terrace, Illinois 60181	
Providence Mission Hospital	Providence Mission Hospital Risk Management Email Address: MissionCares@stjoes.org	The Joint Commission Office of Quality and Patient Safety The Joint Commission Online Form (NEW Incident): https://apps.jointcommissi	If a patient or family member wishes to lodge a formal complaint with the California Department of Public Health, they may do so by mail, email, phone or fax:

Hospital	Hospital Contact Information	Accreditation Contact Information	State Health Department Contact Information
	Phone Number: 949-364-1400 ext. 2288	on.org/QMSInternet/IncidentEntry.aspx Online Form (UPDATE or ASK Question on Previous Incident Submitted – Incident Number is Required): https://apps.jointcommission.org/QMSInternet/IncidentUpdate.aspx Mail to: Office of Quality and Patient Safety The Joint Commission	California Department of Public Health Orange County District Office 681 S. Parker Street, Suite 200 Orange, CA 92868 Phone: 714-567-2906 Fax: 714-567-2815 Online Form: https://www.cdph.ca.gov/programs/chcq/lcp/calhealthfind

Hospital	Hospital Contact Information	Accreditation Contact Information	State Health Department Contact Information
		One Renaissance Boulevard Oakbrook Terrace, Illinois 60181	
Providence St. Joseph Hospital Orange	Providence St. Joseph Hospital Orange Patient Relations Email Address: SJO-PatientRelations@stjoe.org Phone Number: 714-771-	The Joint Commission Office of Quality and Patient Safety The Joint Commission Online Form (NEW Incident): https://apps.jointcommission.org/QMSInternet/IncidentEntry.aspx Online Form (UPDATE or ASK Question	If a patient or family member wishes to lodge a formal complaint with the California Department of Public Health, they may do so by mail, email, phone or fax: California Department of Public Health Orange County District Office 681 S. Parker Street, Suite 200

Hospital	Hospital Contact Information	Accreditation Contact Information	State Health Department Contact Information
	8000 ext. 11000	on Previous Incident Submitted – Incident Number is Required): https://apps.jointcommission.org/QMSInternet/IncidentUpdate.aspx Mail to: Office of Quality and Patient Safety The Joint Commission One Renaissance Boulevard Oakbrook Terrace, Illinois 60181	Orange, CA 92868 Phone: 714-567-2906 Fax: 714-567-2815 Online Form: https://www.cdph.ca.gov/programs/chcq/lcp/calhealthfind

Hospital	Hospital Contact Information	Accreditation Contact Information	State Health Department Contact Information
Providence St. Jude Medical Center	Providence St. Jude Medical Center Patient Relations Email Address: StJudePatientExperience@providence.org Phone Number: 714-992-3000 ext. 3749	The Joint Commission Office of Quality and Patient Safety The Joint Commission Online Form (NEW Incident): https://apps.jointcommission.org/QMSInternet/IncidentEntry.aspx Online Form (UPDATE or ASK Question on Previous Incident Submitted – Incident Number is Required):	If a patient or family member wishes to lodge a formal complaint with the California Department of Public Health, they may do so by mail, email, phone or fax: California Department of Public Health Orange County District Office 681 S. Parker Street, Suite 200 Orange, CA 92868 Phone: 714-567-2906 Fax: 714-567-2815

Hospital	Hospital Contact Information	Accreditation Contact Information	State Health Department Contact Information
		https://apps.jointcommission.org/QMSInternet/IncidentUpdate.aspx Mail to: Office of Quality and Patient Safety The Joint Commission One Renaissance Boulevard Oakbrook Terrace, Illinois 60181	Online Form: https://www.cdph.ca.gov/programs/chcq/lcp/calhealthfind
Providence St. Mary Medical Center	Providence St. Mary Medical Center Patient &	The Joint Commission Office of Quality and Patient Safety The Joint	If a patient or family member wishes to lodge a formal complaint with the California

Hospital	Hospital Contact Information	Accreditation Contact Information	State Health Department Contact Information
	Family Experience Email Address: SMMCpatientrelations@providence.org Phone Number: 760-946-8865	Commission Online Form (NEW Incident): https://apps.jointcommission.org/QMSInternet/IncidentEntry.aspx Online Form (UPDATE or ASK Question on Previous Incident Submitted – Incident Number is Required): https://apps.jointcommission.org/QMSInternet/IncidentUpdate.aspx	Department of Public Health, they may do so by mail, email, phone or fax: California Department of Public Health San Bernardino District Office 464 West Fourth Street, Suite 529 San Bernardino, CA 92401 Phone: 909-383-4777 Fax: 909-888-2315 Online Form: https://www.cdph.ca.gov/programs/chcq/lcp/calhealthfind

Hospital	Hospital Contact Information	Accreditation Contact Information	State Health Department Contact Information
		Mail to: Office of Quality and Patient Safety The Joint Commission One Renaissance Boulevard Oakbrook Terrace, Illinois 60181	
Swedish Ballard	Providence Swedish Clinical Quality Investigations Email Address: SMC-CQI@swedish.org	Det Norske Veritas (DNV) Patient Complaint Office DNV Phone Number: 866-496-9647 Fax: 281-870-4818 Online Complaint	Washington State Department of Health Health Systems Quality Assurance Complaint Intake P.O. Box 47857 Olympia, WA 98504-7857

Hospital	Hospital Contact Information	Accreditation Contact Information	State Health Department Contact Information
	Phone Number: 206-386-2111 Fax: 206-860-6740 Mailing Address: Clinical Quality Investigations: 747 Broadway, Seattle, WA 98122-4307	Form: https://www.dnvhealthcareportal.com/patient-complaint-report Email: hospitalcomplaint@dnv.com Mailing Address: DNV Healthcare USA Inc. Attn: Hospital Complaints 4435 Aicholtz Road, Suite 900 Cincinnati, OH 45245	Phone Number: 1-800-633-6828 Form: https://fortress.wa.gov/doh/providercredentialsearch/ComplaintIntakeForm.aspx Email Address: hsqacomplaintintake@doh.wa.gov

Hospital	Hospital Contact Information	Accreditation Contact Information	State Health Department Contact Information
Swedish Cherry Hill	Providence Swedish Clinical Quality Investigations Email Address: SMC-CQI@swedish.org Phone Number: 206-386-2111 Fax: 206-860-6740 Mailing Address: Clinical Quality Investigations: 747	Det Norske Veritas (DNV) Patient Complaint Office DNV Phone Number: 866-496-9647 Fax: 281-870-4818 Online Complaint Form: https://www.dnvhealthcareportal.com/patient-complaint-report Email: hospitalcomplaint@dnv.com Mailing	Washington State Department of Health Health Systems Quality Assurance Complaint Intake P.O. Box 47857 Olympia, WA 98504-7857 Phone Number: 1-800-633-6828 Form: https://fortress.wa.gov/doh/providercredentialsearch/ComplaintIntakeForm.aspx Email Address: hsqacomplaintintake@doh.wa.gov

Hospital	Hospital Contact Information	Accreditation Contact Information	State Health Department Contact Information
	Broadway, Seattle, WA 98122-4307	Address: DNV Healthcare USA Inc. Attn: Hospital Complaints 4435 Aicholtz Road, Suite 900 Cincinnati, OH 45245	
Swedish Edmonds	Providence Swedish Clinical Quality Investigations Email Address: SMC-CQI@swedish.org Phone	Det Norske Veritas (DNV) Patient Complaint Office DNV Phone Number: 866-496-9647 Fax: 281-870-4818 Online Complaint Form:	Washington State Department of Health Health Systems Quality Assurance Complaint Intake P.O. Box 47857 Olympia, WA 98504-7857

Hospital	Hospital Contact Information	Accreditation Contact Information	State Health Department Contact Information
	Number: 206-386-2111 Fax: 206-860-6740 Mailing Address: Clinical Quality Investigations: 747 Broadway, Seattle, WA 98122-4307	https://www.dnvhealthcareportal.com/patient-complaint-report Email: hospitalcomplaint@dnv.com Mailing Address: DNV Healthcare USA Inc. Attn: Hospital Complaints 4435 Aicholtz Road, Suite 900 Cincinnati, OH 45245	Phone Number: 1-800-633-6828 Form: https://fortress.wa.gov/doh/providercredentialsearch/ComplaintIntakeForm.aspx Email Address: hsqacomplaintintake@doh.wa.gov

Hospital	Hospital Contact Information	Accreditation Contact Information	State Health Department Contact Information
Swedish First Hill	Providence Swedish Clinical Quality Investigations Email Address: SMC-CQI@swedish.org Phone Number: 206-386-2111 Fax: 206-860-6740 Mailing Address: Clinical Quality Investigations: 747	Det Norske Veritas (DNV) Patient Complaint Office DNV Phone Number: 866-496-9647 Fax: 281-870-4818 Online Complaint Form: https://www.dnvhealthcareportal.com/patient-complaint-report Email: hospitalcomplaint@dnv.com Mailing	Washington State Department of Health Health Systems Quality Assurance Complaint Intake P.O. Box 47857 Olympia, WA 98504-7857 Phone Number: 1-800-633-6828 Form: https://fortress.wa.gov/doh/providercredentialsearch/ComplaintIntakeForm.aspx Email Address: hsqacomplaintintake@doh.wa.gov

Hospital	Hospital Contact Information	Accreditation Contact Information	State Health Department Contact Information
	Broadway, Seattle, WA 98122-4307	Address: DNV Healthcare USA Inc. Attn: Hospital Complaints 4435 Aicholtz Road, Suite 900 Cincinnati, OH 45245	
Swedish Issaquah	Providence Swedish Clinical Quality Investigations Email Address: SMC-CQI@swedish.org Phone	Det Norske Veritas (DNV) Patient Complaint Office DNV Phone Number: 866-496-9647 Fax: 281-870-4818 Online Complaint Form:	Washington State Department of Health Health Systems Quality Assurance Complaint Intake P.O. Box 47857 Olympia, WA 98504-7857

Hospital	Hospital Contact Information	Accreditation Contact Information	State Health Department Contact Information
	Number: 206-386-2111 Fax: 206-860-6740 Mailing Address: Clinical Quality Investigations: 747 Broadway, Seattle, WA 98122-4307	https://www.dnvhealthcareportal.com/patient-complaint-report Email: hospitalcomplaint@dnv.com Mailing Address: DNV Healthcare USA Inc. Attn: Hospital Complaints 4435 Aicholtz Road, Suite 900 Cincinnati, OH 45245	Phone Number: 1-800-633-6828 Form: https://fortress.wa.gov/doh/providercredentialsearch/ComplaintIntakeForm.aspx Email Address: hsqacomplaintintake@doh.wa.gov

Hospital	Hospital Contact Information	Accreditation Contact Information	State Health Department Contact Information
Swedish Mill Creek	Providence Swedish Clinical Quality Investigations Email Address: SMC-CQI@swedish.org Phone Number: 206-386-2111 Fax: 206-860-6740 Mailing Address: Clinical Quality Investigations: 747	Det Norske Veritas (DNV) Patient Complaint Office DNV Phone Number: 866-496-9647 Fax: 281-870-4818 Online Complaint Form: https://www.dnvhealthcareportal.com/patient-complaint-report Email: hospitalcomplaint@dnv.com Mailing	Washington State Department of Health Health Systems Quality Assurance Complaint Intake P.O. Box 47857 Olympia, WA 98504-7857 Phone Number: 1-800-633-6828 Form: https://fortress.wa.gov/doh/providercredentialsearch/ComplaintIntakeForm.aspx Email Address: hsqacomplaintintake@doh.wa.gov

Hospital	Hospital Contact Information	Accreditation Contact Information	State Health Department Contact Information
	Broadway, Seattle, WA 98122-4307	Address: DNV Healthcare USA Inc. Attn: Hospital Complaints 4435 Aicholtz Road, Suite 900 Cincinnati, OH 45245	
Swedish Redmond	Providence Swedish Clinical Quality Investigations Email Address: SMC-CQI@swedish.org Phone	Det Norske Veritas (DNV) Patient Complaint Office DNV Phone Number: 866-496-9647 Fax: 281-870-4818 Online Complaint Form:	Washington State Department of Health Health Systems Quality Assurance Complaint Intake P.O. Box 47857 Olympia, WA 98504-7857

Hospital	Hospital Contact Information	Accreditation Contact Information	State Health Department Contact Information
	Number: 206-386-2111 Fax: 206-860-6740 Mailing Address: Clinical Quality Investigations: 747 Broadway, Seattle, WA 98122-4307	https://www.dnvhealthcareportal.com/patient-complaint-report Email: hospitalcomplaint@dnv.com Mailing Address: DNV Healthcare USA Inc. Attn: Hospital Complaints 4435 Aicholtz Road, Suite 900 Cincinnati, OH 45245	Phone Number: 1-800-633-6828 Form: https://fortress.wa.gov/doh/providercredentialsearch/ComplaintIntakeForm.aspx Email Address: hsqacomplaintintake@doh.wa.gov

Hospital	Hospital Contact Information	Accreditation Contact Information	State Health Department Contact Information
Covenant Children's Hospital	**Covenant Children's Hospital** Risk Management Email Address: CCHexperience@providence.org Phone Number: 806-725-7396	**The Joint Commission** The public may contact The Joint Commission's Office of Quality and Patient Safety to report any concerns or register complaints about a Joint Commission accredited health care organization. Report a Patient Safety Concern or File a Complaint |	If a patient or family member wishes to lodge a formal complaint with the Texas Department of Health, they may do so either by phone, fax, or mail to: **Health and Human Services Commission Complaint and Incident Intake** Mail Code E-249 P.O. Box 149030 Austin, Texas 78714-9030 Complaint Hotline: 1-800-458-9858, Option 5

Hospital	Hospital Contact Information	Accreditation Contact Information	State Health Department Contact Information
		The Joint Commission Office of Quality and Patient Safety The Joint Commission Online Form (NEW Incident): https://apps.jointcommission.org/QMSInternet/IncidentEntry.aspx Online Form (UPDATE or ASK Question on Previous Incident Submitted – Incident Number is Required):	Fax: (833) 709-5735 Email: hfc.complaints@hhs.texas.gov

Hospital	Hospital Contact Information	Accreditation Contact Information	State Health Department Contact Information
		https://apps.jointcommission.org/QMSInternet/IncidentUpdate.aspx Mail to: Office of Quality and Patient Safety The Joint Commission One Renaissance Boulevard Oakbrook Terrace, Illinois 60181	
Covenant Medical Center	**Covenant Medical Center** Risk Management	**The Joint Commission** The public may contact The Joint Commission'	If a patient or family member wishes to lodge a formal complaint with the Texas

Hospital	Hospital Contact Information	Accreditation Contact Information	State Health Department Contact Information
	Email Address: CMCexperience@providence.org Phone Number: 806-725-7396	s Office of Quality and Patient Safety to report any concerns or register complaints about a Joint Commission accredited health care organization. Report a Patient Safety Concern or File a Complaint | The Joint Commission Office of Quality and Patient Safety The Joint	Department of Health, they may do so either by phone, fax, or mail to: **Health and Human Services Commission Complaint and Incident Intake** Mail Code E-249 P.O. Box 149030 Austin, Texas 78714-9030 Complaint Hotline: 1-800-458-9858, Option 5 Fax: (833) 709-5735 Email: hfc.complaints@hhs.texas.gov

Hospital	Hospital Contact Information	Accreditation Contact Information	State Health Department Contact Information
		Commission Online Form (NEW Incident): https://apps.jointcommission.org/QMSInternet/IncidentEntry.aspx Online Form (UPDATE or ASK Question on Previous Incident Submitted – Incident Number is Required): https://apps.jointcommission.org/QMSInternet/IncidentUpdate.aspx	

Hospital	Hospital Contact Information	Accreditation Contact Information	State Health Department Contact Information
		Mail to: Office of Quality and Patient Safety The Joint Commission One Renaissance Boulevard Oakbrook Terrace, Illinois 60181	
Covenant Hospital Levelland	**Covenant Hospital Levelland** Risk Management Email Address: CHLexperience@providence.org	Contact the state's department of health to file a formal complaint.	If a patient or family member wishes to lodge a formal complaint with the Texas Department of Health, they may do so either by phone, fax, or mail to: **Health and**

Hospital	Hospital Contact Information	Accreditation Contact Information	State Health Department Contact Information
	Phone Number: 806-568-1303		**Human Services Commission Complaint and Incident Intake** Mail Code E-249 P.O. Box 149030 Austin, Texas 78714-9030 Complaint Hotline: 1-800-458-9858, Option 5 Fax: (833) 709-5735 Email: hfc.complaints@hhs.texas.gov
Covenant Hospital Plainview	**Covenant Hospital Plainview** Risk Management Email	**The Joint Commission** The public may contact The Joint Commission's Office of	If a patient or family member wishes to lodge a formal complaint with the Texas Department of

Hospital	Hospital Contact Information	Accreditation Contact Information	State Health Department Contact Information
	Address: CHPLVexperience@providence.org Phone Number: 806-296-4265	Quality and Patient Safety to report any concerns or register complaints about a Joint Commission accredited health care organization. Report a Patient Safety Concern or File a Complaint | The Joint Commission Office of Quality and Patient Safety The Joint Commission	Health, they may do so either by phone, fax, or mail to: **Health and Human Services Commission Complaint and Incident Intake** Mail Code E-249 P.O. Box 149030 Austin, Texas 78714-9030 Complaint Hotline: 1-800-458-9858, Option 5 Fax: (833) 709-5735 Email: hfc.complaints@hhs.texas.gov

Hospital	Hospital Contact Information	Accreditation Contact Information	State Health Department Contact Information
		Online Form (NEW Incident): https://apps.jointcommission.org/QMSInternet/IncidentEntry.aspx Online Form (UPDATE or ASK Question on Previous Incident Submitted – Incident Number is Required): https://apps.jointcommission.org/QMSInternet/IncidentUpdate.aspx Mail to:	

Hospital	Hospital Contact Information	Accreditation Contact Information	State Health Department Contact Information
		Office of Quality and Patient Safety The Joint Commission One Renaissance Boulevard Oakbrook Terrace, Illinois 60181	
Covenant Specialty Hospital	**Covenant Specialty Hospital** Risk Management Email Address: CSHexperience@providence.org Phone	Contact the state's department of health to file a formal complaint.	If a patient or family member wishes to lodge a formal complaint with the Texas Department of Health, they may do so either by phone, fax, or mail to: **Health and Human Services**

Hospital	Hospital Contact Information	Accreditation Contact Information	State Health Department Contact Information
	Number: 806-725-0000		**Commission Complaint and Incident Intake** Mail Code E-249 P.O. Box 149030 Austin, Texas 78714-9030 Complaint Hotline: 1-800-458-9858, Option 5 Fax: (833) 709-5735 Email: hfc.complaints@hhs.texas.gov
Grace Surgical Hospital	Grace Surgical Hospital Patient Experience Email Address:	**The Joint Commission** The public may contact The Joint Commission's Office of Quality and	If a patient or family member wishes to lodge a formal complaint with the Texas Department of Health, they may

Hospital	Hospital Contact Information	Accreditation Contact Information	State Health Department Contact Information
	GSHexperience@providence.org Phone Number: 806-725-4004	Patient Safety to report any concerns or register complaints about a Joint Commission accredited health care organization. Report a Patient Safety Concern or File a Complaint | The Joint Commission Office of Quality and Patient Safety The Joint Commission Online Form	do so either by phone, fax, or mail to: **Health and Human Services Commission Complaint and Incident Intake** Mail Code E-249 P.O. Box 149030 Austin, Texas 78714-9030 Complaint Hotline: 1-800-458-9858, Option 5 Fax: (833) 709-5735 Email: hfc.complaints@hhs.texas.gov

Hospital	Hospital Contact Information	Accreditation Contact Information	State Health Department Contact Information
		(NEW Incident): https://apps.jointcommission.org/QMSInternet/IncidentEntry.aspx Online Form (UPDATE or ASK Question on Previous Incident Submitted – Incident Number is Required): https://apps.jointcommission.org/QMSInternet/IncidentUpdate.aspx Mail to: Office of	

Hospital	Hospital Contact Information	Accreditation Contact Information	State Health Department Contact Information
		Quality and Patient Safety The Joint Commission One Renaissance Boulevard Oakbrook Terrace, Illinois 60181	
Covenant Health Hobbs Hospital	Covenant Health Hobbs Hospital Risk Management Email Address: CHHexperience@providence.org Phone	**The Joint Commission** The public may contact The Joint Commission's Office of Quality and Patient Safety to report any concerns or register complaints about a Joint	If a patient or family member wishes to lodge a formal complaint with the New Mexico Health Care Authority, they may do so by mail, email, phone or fax: New Mexico Health Care Authority

Hospital	Hospital Contact Information	Accreditation Contact Information	State Health Department Contact Information
	Number: 575-492-5286	Commission accredited health care organization. Report a Patient Safety Concern or File a Complaint | The Joint Commission Office of Quality and Patient Safety The Joint Commission Online Form (NEW Incident): https://apps.jointcommission.org/QMSInternet/Incide	ATTN: DHI Complaint Unit PO Box H Santa Fe, NM 87504 Phone Number: 1-800-752-8649 Email Address: Incident.Management@hca.nm.gov Online Form: https://www.hca.nm.gov/report-abuse-neglect-exploitation/

Hospital	Hospital Contact Information	Accreditation Contact Information	State Health Department Contact Information
		ntEntry.aspx Online Form (UPDATE or ASK Question on Previous Incident Submitted – Incident Number is Required): https://apps.jointcommission.org/QMSInternet/IncidentUpdate.aspx Mail to: Office of Quality and Patient Safety The Joint Commission One Renaissance	

Hospital	Hospital Contact Information	Accreditation Contact Information	State Health Department Contact Information
		Boulevard Oakbrook Terrace, Illinois 60181	
Kadlec Regional Medical Center	Kadlec Regional Medical Center Patient Advocacy Email Address: wakadleccareconcerns@kadlec.org Phone Number: 509-942-2171	The Joint Commission Office of Quality and Patient Safety The Joint Commission Online Form (NEW Incident): https://apps.jointcommission.org/QMSInternet/IncidentEntry.aspx Online Form (UPDATE or ASK Question	Washington State Department of Health Health Systems Quality Assurance Complaint Intake P.O. Box 47857 Olympia, WA 98504-7857 Phone Number: 1-800-633-6828 Form: https://fortress.wa.gov/doh/providercredentialse

Hospital	Hospital Contact Information	Accreditation Contact Information	State Health Department Contact Information
		on Previous Incident Submitted – Incident Number is Required): https://apps.jointcommission.org/QMSInternet/IncidentUpdate.aspx Mail to: Office of Quality and Patient Safety The Joint Commission One Renaissance Boulevard Oakbrook Terrace, Illinois 60181	arch/ComplaintIntakeForm.aspx Email Address: hsqacomplaintintake@doh.wa.gov

Hospital	Hospital Contact Information	Accreditation Contact Information	State Health Department Contact Information
Providence Holy Family Hospital	Providence Holy Family Hospital INWA Clinical Risk & Patient Relations Email Address: wecare@providence.org Phone Number: 509-474-3000	The Joint Commission Office of Quality and Patient Safety The Joint Commission Online Form (NEW Incident): https://apps.jointcommission.org/QMSInternet/IncidentEntry.aspx Online Form (UPDATE or ASK Question on Previous Incident Submitted – Incident Number is Required):	Washington State Department of Health Health Systems Quality Assurance Complaint Intake P.O. Box 47857 Olympia, WA 98504-7857 Phone Number: 1-800-633-6828 Form: https://fortress.wa.gov/doh/providercredentialsearch/ComplaintIntakeForm.aspx Email Address: hsqacomplaintintake@doh.wa.gov

Hospital	Hospital Contact Information	Accreditation Contact Information	State Health Department Contact Information
		https://apps.jointcommission.org/QMSInternet/IncidentUpdate.aspx Mail to: Office of Quality and Patient Safety The Joint Commission One Renaissance Boulevard Oakbrook Terrace, Illinois 60181	
Providence Mt. Carmel Hospital	Providence Mt. Carmel Hospital INWA Clinical	The Joint Commission Office of Quality and Patient Safety The Joint	Washington State Department of Health Health Systems Quality

Hospital	Hospital Contact Information	Accreditation Contact Information	State Health Department Contact Information
	Risk & Patient Relations Email Address: wecare@providence.org Phone Number: 509-685-5491	Commission Online Form (NEW Incident): https://apps.jointcommission.org/QMSInternet/IncidentEntry.aspx Online Form (UPDATE or ASK Question on Previous Incident Submitted – Incident Number is Required): https://apps.jointcommission.org/QMSInternet/IncidentUpdate.aspx	Assurance Complaint Intake P.O. Box 47857 Olympia, WA 98504-7857 Phone Number: 1-800-633-6828 Form: https://fortress.wa.gov/doh/providercredentialsearch/ComplaintIntakeForm.aspx Email Address: hsqacomplaintintake@doh.wa.gov

Hospital	Hospital Contact Information	Accreditation Contact Information	State Health Department Contact Information
		Mail to: Office of Quality and Patient Safety The Joint Commission One Renaissance Boulevard Oakbrook Terrace, Illinois 60181	
Providence Sacred Heart Medical Center	Providence Sacred Heart Medical Center INWA Clinical Risk & Patient Relations Email	The Joint Commission Office of Quality and Patient Safety The Joint Commission Online Form (NEW Incident): https://apps.jointcommissi	Washington State Department of Health Health Systems Quality Assurance Complaint Intake P.O. Box 47857 Olympia, WA 98504-7857

Hospital	Hospital Contact Information	Accreditation Contact Information	State Health Department Contact Information
	Address: wecare@providence.org Phone Number: 509-474-3000	on.org/QMSInternet/IncidentEntry.aspx Online Form (UPDATE or ASK Question on Previous Incident Submitted – Incident Number is Required): https://apps.jointcommission.org/QMSInternet/IncidentUpdate.aspx Mail to: Office of Quality and Patient Safety The Joint Commission	Phone Number: 1-800-633-6828 Form: https://fortress.wa.gov/doh/providercredentialsearch/ComplaintIntakeForm.aspx Email Address: hsqacomplaintintake@doh.wa.gov

Hospital	Hospital Contact Information	Accreditation Contact Information	State Health Department Contact Information
		One Renaissance Boulevard Oakbrook Terrace, Illinois 60181	
Providence St. Joseph Hospital	Providence St. Joseph Hospital INWA Clinical Risk & Patient Relations Email Address: wecare@providence.org Phone Number: 509-685-5491	The Joint Commission Office of Quality and Patient Safety The Joint Commission Online Form (NEW Incident): https://apps.jointcommission.org/QMSInternet/IncidentEntry.aspx Online Form (UPDATE or ASK Question	Washington State Department of Health Health Systems Quality Assurance Complaint Intake P.O. Box 47857 Olympia, WA 98504-7857 Phone Number: 1-800-633-6828 Form: https://fortress.wa.gov/doh/providercredentialse

Hospital	Hospital Contact Information	Accreditation Contact Information	State Health Department Contact Information
		on Previous Incident Submitted – Incident Number is Required): https://apps.jointcommission.org/QMSInternet/IncidentUpdate.aspx Mail to: Office of Quality and Patient Safety The Joint Commission One Renaissance Boulevard Oakbrook Terrace, Illinois 60181	arch/ComplaintIntakeForm.aspx Email Address: hsqacomplaintintake@doh.wa.gov

Hospital	Hospital Contact Information	Accreditation Contact Information	State Health Department Contact Information
Providence St. Luke's Rehabilitation Center	Providence St. Luke's Rehabilitation Center INWA Clinical Risk & Patient Relations Email Address: wecare@providence.org Phone Number: 509-474-3000	The Joint Commission Office of Quality and Patient Safety The Joint Commission Online Form (NEW Incident): https://apps.jointcommission.org/QMSInternet/IncidentEntry.aspx Online Form (UPDATE or ASK Question on Previous Incident Submitted – Incident Number is Required):	Washington State Department of Health Health Systems Quality Assurance Complaint Intake P.O. Box 47857 Olympia, WA 98504-7857 Phone Number: 1-800-633-6828 Form: https://fortress.wa.gov/doh/providercredentialsearch/ComplaintIntakeForm.aspx Email Address: hsqacomplaintintake@doh.wa.gov

Hospital	Hospital Contact Information	Accreditation Contact Information	State Health Department Contact Information
		https://apps.jointcommission.org/QMSInternet/IncidentUpdate.aspx Mail to: Office of Quality and Patient Safety The Joint Commission One Renaissance Boulevard Oakbrook Terrace, Illinois 60181	
Providence St. Mary Medical Center	Providence St. Mary Medical Center Quality	The Joint Commission Office of Quality and Patient Safety The Joint	Washington State Department of Health Health Systems Quality

Hospital	Hospital Contact Information	Accreditation Contact Information	State Health Department Contact Information
	Department Email Address: patient.concerns@providence.org Phone Number: 509-897-5866	Commission Online Form (NEW Incident): https://apps.jointcommission.org/QMSInternet/IncidentEntry.aspx Online Form (UPDATE or ASK Question on Previous Incident Submitted – Incident Number is Required): https://apps.jointcommission.org/QMSInternet/IncidentUpdate.aspx	Assurance Complaint Intake P.O. Box 47857 Olympia, WA 98504-7857 Phone Number: 1-800-633-6828 Form: https://fortress.wa.gov/doh/providercredentialsearch/ComplaintIntakeForm.aspx Email Address: hsqacomplaintintake@doh.wa.gov

Hospital	Hospital Contact Information	Accreditation Contact Information	State Health Department Contact Information
		Mail to: Office of Quality and Patient Safety The Joint Commission One Renaissance Boulevard Oakbrook Terrace, Illinois 60181	
Providence St. Joseph Medical Center	Providence St. Joseph Medical Center WMT Clinical Risk + Safety Dept. Email Address:	The Joint Commission Office of Quality and Patient Safety The Joint Commission Online Form (NEW Incident): https://apps.jointcommissi	Montana Department of Public Health and Human Services PO Box 202953 2401 Colonial Drive 2nd Floor Helena, MT 59620-2953 Phone Number: 406-444-2099

Hospital	Hospital Contact Information	Accreditation Contact Information	State Health Department Contact Information
	Mtcareconcerns@providence.org Phone Number: 406-329-5865	on.org/QMSInternet/IncidentEntry.aspx Online Form (UPDATE or ASK Question on Previous Incident Submitted – Incident Number is Required): https://apps.jointcommission.org/QMSInternet/IncidentUpdate.aspx Mail to: Office of Quality and Patient Safety The Joint Commission	Fax: 406-444-3456 Email Address: MTSSAD@mt.gov

Hospital	Hospital Contact Information	Accreditation Contact Information	State Health Department Contact Information
		One Renaissance Boulevard Oakbrook Terrace, Illinois 60181	
Providence St. Patrick Hospital	Providence St. Patrick Hospital WMT Clinical Risk + Safety Dept. Email Address: Mtcareconcerns@providence.org Phone Number:	The Joint Commission Office of Quality and Patient Safety The Joint Commission Online Form (NEW Incident): https://apps.jointcommission.org/QMSInternet/IncidentEntry.aspx Online Form (UPDATE or ASK Question	Montana Department of Public Health and Human Services PO Box 202953 2401 Colonial Drive 2nd Floor Helena, MT 59620-2953 Phone Number: 406-444-2099 Fax: 406-444-3456 Email Address: MTSSAD@mt.gov

Hospital	Hospital Contact Information	Accreditation Contact Information	State Health Department Contact Information
	406-329-5865	on Previous Incident Submitted – Incident Number is Required): https://apps.jointcommission.org/QMSInternet/IncidentUpdate.aspx Mail to: Office of Quality and Patient Safety The Joint Commission One Renaissance Boulevard Oakbrook Terrace, Illinois 60181	