

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 an 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 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 Informati on | Accreditation Contact Information | State Health Department Contact Information |
|-----------------|--|--|--|
| | | <p>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</p> | <p>DHCS.HFLC@hs.soa.directak.net</p> |

| Hospital | Hospital Contact Information | Accreditation Contact Information | State Health Department Contact Information |
|--|---|--|---|
| 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 |

| 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 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 & |

| Hospital | Hospital Contact Information | Accreditation Contact Information | State Health Department Contact Information |
|---|--|--|--|
| | Relations Email Address: PatientR elationsA K@provi dence.or g | | 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@hs s.soa.directak.n et |
| Providence Valdez Medical Center | Providen ce 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: PatientR elationsA K@provi dence.or g | | Coordinator 4601 Business Park Blvd., Bldg. K Anchorage, AK 99503 Phone Number: 907-334-2483 Fax: 907-334- 2682 Email Address: DHCS.HFLC@hs s.soa.directak.n et |
| Providence St. Elias Specialty Hospital | Providen ce 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 |

| Hospital | Hospital Contact Information | Accreditation Contact Information | State Health Department Contact Information |
|-----------------|-------------------------------------|---|---|
| | <p>relationsAK@providence.org</p> | <p>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</p> | <p>Park Blvd., Bldg. K Anchorage, AK 99503 Phone Number: 907-334-2483 Fax: 907-334-2682 Email Address: DHCS.HFLC@hss.soa.directak.net</p> |

| Hospital | Hospital Contact Information | Accreditation Contact Information | State Health Department Contact Information |
|--|--|---|---|
| | | 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 |

| Hospital | Hospital Contact Informati on | Accreditation Contact Information | State Health Department Contact Information |
|-----------------|--|--|---|
| | | <p>(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</p> | <p>Fax: 907-334-2682 Email Address: DHCS.HFLC@hs.soa.directak.net</p> |

| Hospital | Hospital Contact Informati on | Accreditation Contact Information | State Health Department Contact Information |
|---|---|--|--|
| | | Terrace, Illinois 60181 | |
| Providence Valdez Long Term Care | Providen ce Valdez Medical Center Patient Relations Email Address: PatientR elationsA K@provi dence.or g | 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 |

| Hospital | Hospital Contact Information | Accreditation Contact Information | State Health Department Contact Information |
|---------------------------------------|--|---|---|
| | | | Email Address: DHCS.HFLC@hs.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 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 |

| Hospital | Hospital Contact Informati on | Accreditation Contact Information | State Health Department Contact Information |
|-----------------|--|---|--|
| | | <p>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</p> | <p>Phone: 707-576-6775 Fax: 707-576-2037 Online Form: https://www.cdph.ca.gov/programs/chcq/lcp/calhealthfind</p> |

| 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 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 |

| 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 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 |
|-----------------|--|---|---|
| | <p>Relations Email Address: patientrelations_QVMC@providence.org</p> <p>Phone Number: 707-252-4411 ext. 2623</p> | <p>Commission Online Form (NEW Incident): https://apps.jointcommission.org/QMSInternet/IncidentEntry.aspx</p> <p>Online Form (UPDATE or ASK Question on Previous Incident Submitted – Incident Number is Required): https://apps.jointcommission.org/QMSInternet/IncidentUpdate.aspx</p> | <p>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</p> <p>Phone: 707-576-6775</p> <p>Fax: 707-576-2037</p> <p>Online Form: https://www.cdph.ca.gov/programs/chcq/lcp/calhealthfind</p> |

| 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 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.jointcommission.org | 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 |
|-----------------|-------------------------------------|---|--|
| | | <p>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</p> | <p>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</p> |

| Hospital | Hospital Contact Information | Accreditation Contact Information | State Health Department Contact Information |
|--|---|---|---|
| | | 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 |

| Hospital | Hospital Contact Informati on | Accreditation Contact Information | State Health Department Contact Information |
|-----------------|--|--|--|
| | | <p>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</p> | <p>Santa Rosa, CA 95407 Phone: 707-576-6775 Fax: 707-576-2037 Online Form: https://www.cdph.ca.gov/programs/chcq/lcp/calhealthfind</p> |

| Hospital | Hospital Contact Information | Accreditation Contact Information | State Health Department Contact Information |
|--|---|--|--|
| 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 |

| 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 Hood River Memorial Hospital | Providence Hood River Memorial Hospital Customer | 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 |
|-----------------|--|---|---|
| | <p> r Care Team Phone Number: 503-962-1275/ 855-360-3463 </p> | <p> 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> | <p> P.O. Box 14450 Portland, OR 97293 Phone: 971-673-0540 Fax: 971-673-0556 Email Address: mailbox.hclc@odhsoha.oregon.gov </p> |

| 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.jointcommission.org | Oregon Health Authority Health Care Regulation and Quality Improvement P.O. Box 14450 Portland, OR 97293 Phone: 971-673- 0540 Fax: 971-673- |

| Hospital | Hospital Contact Informati on | Accreditation Contact Information | State Health Department Contact Information |
|-----------------|--|---|--|
| | 855-360-3463 | on.org/QMSIn ternet/Incide 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 | 0556 Email Address: mailbox.hcllc@odhsoha.oregon.gov |

| Hospital | Hospital Contact Information | Accreditation Contact Information | State Health Department Contact Information |
|--------------------------------------|---|--|--|
| | | 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 |

| Hospital | Hospital Contact Informati on | Accreditation Contact Information | State Health Department Contact Information |
|-----------------|--|--|--|
| | | <p>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</p> | |

| Hospital | Hospital Contact Information | Accreditation Contact Information | State Health Department Contact Information |
|--|--|--|---|
| 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.hcllc@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 | |
| Providence Portland Medical Center | Providence Portland Medical Center Customer | The Joint Commission Office of Quality and Patient Safety The Joint | Oregon Health Authority Health Care Regulation and Quality Improvement |

| Hospital | Hospital Contact Informati on | 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 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.jointcommission.org | Oregon Health Authority Health Care Regulation and Quality Improvement P.O. Box 14450 Portland, OR 97293 Phone: 971-673- 0540 Fax: 971-673- |

| Hospital | Hospital Contact Information | Accreditation Contact Information | State Health Department Contact Information |
|-----------------|-------------------------------------|---|--|
| | 855-360-3463 | <p>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</p> | <p>0556 Email Address: mailbox.hcllc@odhsoha.oregon.gov</p> |

| Hospital | Hospital Contact Information | Accreditation Contact Information | State Health Department Contact Information |
|--|--|---|---|
| | | 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 |

| Hospital | Hospital Contact Informati on | Accreditation Contact Information | State Health Department Contact Information |
|-----------------|--|--|--|
| | | <p>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</p> | |

| 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 Informati on | 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 |
|--------------------------------------|--|--|--|
| | <p>hy@pacmed.org Phone Number: 1-888-4-PACMED (1-888-472-2633) Mailing Address: 1200 12th Avenue South Seattle, WA 98144</p> | | <p>Assurance Complaint Intake P.O. Box 47857 Olympia, WA 98504-7857 Phone Number: 1-800-633-6828 Form: https://fortress.wa.gov/doh/providercredentialse/arch/ComplaintIntakeForm.aspx Email Address: hsqacomplaintintake@doh.wa.gov</p> |
| 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 |
|-----------------|---|---|--|
| | <p>Email Address: pch.qualityservice@providence.org</p> <p>Phone Number: 360-827-6500</p> | <p>Commission Online Form (NEW Incident): https://apps.jointcommission.org/QMSInternet/IncidentEntry.aspx</p> <p>Online Form (UPDATE or ASK Question on Previous Incident Submitted – Incident Number is Required): https://apps.jointcommission.org/QMSInternet/IncidentUpdate.aspx</p> | <p>Assurance Complaint Intake</p> <p>P.O. Box 47857 Olympia, WA 98504-7857</p> <p>Phone Number: 1-800-633-6828</p> <p>Form: https://fortress.wa.gov/doh/providercredentialsearch/ComplaintIntakeForm.aspx</p> <p>Email Address: hsqa.complaintintake@doh.wa.gov</p> |

| Hospital | Hospital Contact Informati on | 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 | Providen ce Regional Medical Center Everett Patient Safety Departm ent Email Address: | The Joint Commission Office of Quality and Patient Safety The Joint Commission Online Form (NEW Incident): https://apps.jointcommission.org | 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 |
|-----------------|--|---|---|
| | <p>NWRPatientSafety@provider.nce.org</p> <p>Phone Number: 425-261-3927</p> | <p>on.org/QMSInternet/IncidentEntry.aspx</p> <p>Online Form (UPDATE or ASK Question on Previous Incident Submitted – Incident Number is Required):</p> <p>https://apps.jointcommission.org/QMSInternet/IncidentUpdate.aspx</p> <p>Mail to:</p> <p>Office of Quality and Patient Safety</p> <p>The Joint Commission</p> | <p>Phone Number: 1-800-633-6828</p> <p>Form: https://fortress.wa.gov/doh/providercredentialsearch/ComplaintIntakeForm.aspx</p> <p>Email Address: hsqacomplaintintake@doh.wa.gov</p> |

| 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 Informati on | Accreditation Contact Information | State Health Department Contact Information |
|-----------------|--|--|---|
| | | <p>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</p> | <p>arch/ComplaintIntakeForm.aspx Email Address: hsqa.complaintintake@doh.wa.gov</p> |

| 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 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 Informati on | 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 | Providen ce 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 |
|-----------------|---|---|--|
| | <p>Relations Email Address: HCPatientRelations@Providence.org</p> <p>Phone Number: 818-496-4792</p> | <p>Commission Online Form (NEW Incident): https://apps.jointcommission.org/QMSInternet/IncidentEntry.aspx</p> <p>Online Form (UPDATE or ASK Question on Previous Incident Submitted – Incident Number is Required): https://apps.jointcommission.org/QMSInternet/IncidentUpdate.aspx</p> | <p>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</p> <p>Phone: 626-312-1135</p> <p>Fax: 626-927-9293</p> <p>Online Form: https://www.cdph.ca.gov/programs/chcq/lcp/calhealthfind</p> |

| Hospital | Hospital Contact Informati on | 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 | Providen ce Little Company of Mary Medical Center - San Pedro Care Experien ce Departm | The Joint Commission Office of Quality and Patient Safety The Joint Commission Online Form (NEW Incident): https://apps.jointcommission.org | 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 |
|-----------------|--|--|---|
| | <p>ent Email Address: patientexp@providence.org Phone Number: 310-514-5202</p> | <p>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</p> | <p>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</p> |

| 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 | Providen ce Little Company of Mary Medical Center - Torrance Care Experi ence Departm ent Email Address: patientex p@provid ence.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 | <p>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</p> | <p>El Monte, CA 91731 Phone: 626-312-1135 Fax: 626-927-9293 Online Form: https://www.cdph.ca.gov/programs/chcq/lcp/calhealthfind</p> |

| 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: PatientRelations@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 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 Informati on | 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 | Providen ce 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 |
|-----------------|--|---|--|
| | <p>Relations Email Address: psjmcfeedback@providence.org</p> <p>Phone Number: 818-847-4611</p> | <p>Commission Online Form (NEW Incident): https://apps.jointcommission.org/QMSInternet/IncidentEntry.aspx</p> <p>Online Form (UPDATE or ASK Question on Previous Incident Submitted – Incident Number is Required): https://apps.jointcommission.org/QMSInternet/IncidentUpdate.aspx</p> | <p>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</p> <p>Phone: 626-312-1135</p> <p>Fax: 626-927-9293</p> <p>Online Form: https://www.cdph.ca.gov/programs/chcq/lcp/calhealthfind</p> |

| 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.jointcommission.org | 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 | <p>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</p> | <p>Orange, CA 92868 Phone: 714-567-2906 Fax: 714-567-2815 Online Form: https://www.cdph.ca.gov/programs/chcq/lcp/calhealthfind</p> |

| 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 |
|-----------------|---|---|--|
| | <p>Family Experience Email Address: SMMCpatientrelations@providence.org</p> <p>Phone Number: 760-946-8865</p> | <p>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> | <p>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</p> |

| 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 | Providen ce Swedish Clinical Quality Investiga tions Email Address: SMC- CQI@sw edish.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: hsqa.complaintintake@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 |
|-----------------|--|--|---|
| | <p>Number: 206-386-2111</p> <p>Fax: 206-860-6740</p> <p>Mailing Address: Clinical Quality Investigations: 747 Broadway, Seattle, WA 98122-4307</p> | <p>https://www.dnvhealthcareportal.com/patient-complaint-report</p> <p>Email: hospitalcomplaint@dnv.com</p> <p>Mailing Address: DNV Healthcare USA Inc. Attn: Hospital Complaints 4435 Aicholtz Road, Suite 900 Cincinnati, OH 45245</p> | <p>Phone Number: 1-800-633-6828</p> <p>Form: https://fortress.wa.gov/doh/providercredentialsearch/ComplaintIntakeForm.aspx</p> <p>Email Address: hsqacomplaintintake@doh.wa.gov</p> |

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

| 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.dnvhealthcare.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: hsqa.complaintintake@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 |
|-----------------|-------------------------------------|---|--|
| | | <p>The Joint Commission Office of Quality and Patient Safety</p> <p>The Joint Commission Online Form (NEW Incident): https://apps.jointcommission.org/QMSInternet/IncidentEntry.aspx</p> <p>Online Form (UPDATE or ASK Question on Previous Incident Submitted – Incident Number is Required):</p> | <p>Fax: (833) 709-5735</p> <p>Email: hfc.complaints@hhs.texas.gov</p> |

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

| Hospital | Hospital Contact Informati on | Accreditation Contact Information | State Health Department Contact Information |
|-----------------|--|---|--|
| | | <p>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> | |

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

| Hospital | Hospital Contact Informati on | Accreditation Contact Information | State Health Department Contact Information |
|-----------------|--|--|--|
| | | <p>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:</p> | |

| 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 Manage ment Email Address: CSHexpe rience@p rovidenc e.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 Informati on | Accreditation Contact Information | State Health Department Contact Information |
|-----------------|--|---|--|
| | | <p>(NEW Incident): https://apps.jointcommission.org/QMSInternet/IncidentEntry.aspx Online Form (UPDATE or ASK Question Previous Incident Submitted – Incident Number is Required): https://apps.jointcommission.org/QMSInternet/IncidentUpdate.aspx Mail to: Office of</p> | |

| Hospital | Hospital Contact Informati on | 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 |
|-----------------|-------------------------------------|---|--|
| | <p>Number: 575-492-5286</p> | <p>Commission accredited health care organization.</p> <p>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</p> | <p>ATTN: DHI Complaint Unit PO Box H Santa Fe, NM 87504</p> <p>Phone Number: 1-800-752-8649</p> <p>Email Address: Incident.Management@hca.nm.gov</p> <p>Online Form: https://www.hca.nm.gov/report-abuse-neglect-exploitation/</p> |

| Hospital | Hospital Contact Informati on | Accreditation Contact Information | State Health Department Contact Information |
|-----------------|--|---|--|
| | | <p>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</p> | |

| 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 Advocac y Email Address: wakadlec careconc erns@ka dlec.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: <a 478="" 528="" 938="" 961"="" data-label="Page-Footer" href="https://fortress.wa.gov/doh/providercredentialse</td></tr> </table> </div> <div data-bbox="> <p>108</p> |

| Hospital | Hospital Contact Information | Accreditation Contact Information | State Health Department Contact Information |
|----------|------------------------------|--|---|
| | | <p>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</p> | <p>arch/ComplaintIntakeForm.aspx Email Address: hsqa.complaintintake@doh.wa.gov</p> |

| 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/providencecredentialsearch/ComplaintIntakeForm.aspx Email Address: hsqa.complaintintake@doh.wa.gov |

| Hospital | Hospital Contact Informati on | 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 | Providen ce 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 |
|----------|---|---|---|
| | <p>Risk & Patient Relations Email Address: wecare@providence.org Phone Number: 509-685-5491</p> | <p>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> | <p>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</p> |

| Hospital | Hospital Contact Informati on | 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 | Providen ce 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 |
|-----------------|--|---|---|
| | <p>Address: wecare@providence.org Phone Number: 509-474-3000</p> | <p>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</p> | <p>Phone Number: 1-800-633-6828 Form: https://fortress.wa.gov/doh/providercredentialsearch/ComplaintIntakeForm.aspx Email Address: hsqacomplaintintake@doh.wa.gov</p> |

| 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 |
|----------|------------------------------|--|---|
| | | <p>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</p> | <p>arch/ComplaintIntakeForm.aspx Email Address: hsqa.complaintintake@doh.wa.gov</p> |

| 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: 509-473-6980 | 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 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/provicercredentialsearch/ComplaintIntakeForm.aspx Email Address: hsqa.complaintintake@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 | Providen ce 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@provider.org Phone Number: 509-897-5866 | Commission Online Form (NEW Incident): https://apps.jointcommission.org/QMSInternet/IncidentEntry.aspx Online Form (UPDATE or ASK Question 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/providercredentialseach/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.jointcommission.org | 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 |
|-----------------|--|---|--|
| | <p>Mtcareconcerns@providence.org</p> <p>Phone Number: 406-329-5865</p> | <p>on.org/QMSInternet/IncidentEntry.aspx</p> <p>Online Form (UPDATE or ASK Question on Previous Incident Submitted – Incident Number is Required):</p> <p>https://apps.jointcommission.org/QMSInternet/IncidentUpdate.aspx</p> <p>Mail to:</p> <p>Office of Quality and Patient Safety</p> <p>The Joint Commission</p> | <p>Fax: 406-444-3456</p> <p>Email Address: MTSSAD@mt.gov</p> |

| 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 Informati on | Accreditation Contact Information | State Health Department Contact Information |
|-----------------|--|--|--|
| | 406-329-5865 | <p>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</p> | |

