HEART & VASCULAR
CENTER OF SOUTH FLORIDA

7777 Davie Road Ext, Suite 100B, Hollywood, FL 33024 ■ 1150 NW 35th Ave, Suite 240, Hollywood, FL 33021 ■ 603 N Flamingo Road, Suite 365, Pembroke Pines, FL 33028
Phone: 954-362-3426 Fax: 954-362-3432 info@myheartdoctorfl.com

GRIEVANCE

Patient Grievance / Complaint Form

Heart & Vascular Centers of South Florida is committed to providing high-quality care and addressing patient concerns promptly and respectfully. Use this form to report any concern, complaint, or grievance. All submissions are reviewed by our Practice Administrator and Privacy Officer. Filing a complaint will not affect the quality of your care.

PATIENT / COMPLAINANT INFORMATION

Patient Full Name

Date of Birth (MM/DD/YYYY)

Phone Number

Email Address

Date Incident Occurred

Location (Central / Regional / West)

Are you the patient?

☐ Yes — I am the patient

☐ No — I am filing on the patient's behalf

Your Name (if not the patient)

Relationship to Patient

NATURE OF GRIEVANCE / COMPLAINT

Category (check all that apply):

☐ Quality of Care
☐ Wait Time / Scheduling
☐ Privacy / HIPAA Concern
☐ Staff Behavior
☐ Communication / Manner
☐ Billing / Insurance
☐ Facility / Cleanliness
☐ Other

What happened? (attach additional pages if needed)

Staff member(s) involved (if known)

DESIRED RESOLUTION

What outcome are you seeking? (check all that apply)

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- ☐ Acknowledgment of concern
- ☐ Process change / improvement
- ☐ Follow-up call from the Practice Administrator
- ☐ Apology
- ☐ Refund / billing adjustment
- ☐ Other

ACKNOWLEDGMENT

I certify that the information provided above is true and accurate to the best of my knowledge. I understand that HVC will review this complaint and respond within 30 days. Filing this complaint does not waive my right to also file a complaint with my insurance company, with the Florida Department of Health, or with the U.S. Department of Health and Human Services Office for Civil Rights.

Signature

Date (MM/DD/YYYY)

Printed Name

Relationship to Patient

FOR OFFICE USE ONLY

Received By

Date Received

Reviewer

Resolution Date