## Patient Communication and Complaints Protocol

We at Winmar Diagnostics want to provide the greatest level of care and service to help make your life easier, with better quality and independence. We are here for you 24 hours a day, 365 days a year if a problem or situation arises that may require you to contact us. We value your thoughts and opinions; always feel free to pass them along to us so we can continually improve our services.
We believe your concerns are our concerns. Every patient has the right to freely voice complaints or grievances and recommend changes in care or services without fear of reprisal or unreasonable interruption of services. To ensure that our services meet your total satisfaction, we ask you to describe any complaint, problem, concern, or compliment that you may have.
As our patient, you are very important to us. So that we can resolve any problems that arise in a rapid and effective manner, we want to make you're aware of our Patient Communication and Complaints Protocol. Patient complaints are investigated within 5 days from notification and within 14 days, you will have written notification of the results of the investigation.

1. You may call our office at $\mathbf{8 0 0 . 9 6 2 . 8 1 4 5}$ and speak with a customer service representative.
2. If your issue cannot be resolved satisfactorily, you may request to speak with a supervisor.
3. You may contact the ACHC accrediting agency 919.785.1214.
4. If you wish to contact us in writing, you may complete the Patient Communication form below or you may write a letter to us at Winmar Diagnostics, 2700 12th Ave. South, Suite B, Fargo, ND 58103, to the attention of: Patient Communications.

All concerns are taken very seriously. Our complaint resolution protocol ensures that each concern is researched in order to resolve all complaints and/or problems.
We appreciate your candid comments as well as your assistance in helping us to continually improve our service to our valued customers.

| Name: |  | Date: |
| :--- | :--- | :--- |
| Address: | State: | Zip: |
| City: |  |  |
| Telephone Number: |  |  |
| Please describe your compliment/concern: |  |  |
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After completing this form, please return to us by mail to the attention:
Patient Communications, Winmar Diagnostics, 2700 12 ${ }^{\text {th }}$ Ave. South, Suite B, Fargo, ND 58103.

