

NOTICE CONCERNING COMPLAINTS AND GRIEVANCE PROCESS

This full notice may be accessed in your patient portal or on our website at kindclinic.org

Effective 10/26/26

Texas Health Action (“THA”) is committed to providing high-quality, respectful, safe, and equitable services. THA maintains processes to provide patients and their representatives with an opportunity to raise concerns regarding patient care, services, access, communication, staff interactions, or other aspects of the patient experience.

These concerns can vary depending on the situation. THA has a complaint and grievance procedure that delivers prompt and reasonable resolution of patient and/or caregiver complaints about patient services or patient care while at Texas Health Action. Any feedback about general dissatisfaction with services is considered a complaint. We view every complaint as an opportunity to improve the quality of care and the service we provide. While we hope all patients are happy with the services they receive, you have a right to provide us with feedback on your experience.

THA will protect information concerning that feedback in accordance with applicable federal and Texas law and THA policies. Information may be shared when reasonably necessary to investigate and resolve a complaint or grievance, provide or coordinate care, comply with legal or regulatory requirements, protect patient or staff safety, or otherwise as permitted or required by law.

Sometimes the feedback is more than general dissatisfaction and could represent a violation of policy, contract or law. These situations are occasions for formal grievances. For grievances alleging discrimination under applicable federal civil-rights laws, THA will protect the identity of the individual filing the grievance except as required by law or to the extent necessary to conduct the investigation and carry out applicable civil-rights requirements.

Your Rights to File a Complaint/Grievance

Patients or their representatives have the right to file and pursue informal complaints and written grievances without fear of losing services or any form of retaliation. If requested, the reporting party’s confidentiality will be protected to the extent possible with completing a full and thorough investigation.

If you need assistance submitting a complaint or grievance, including assistance because of a disability, limited English proficiency, or another access need, please contact us. THA will provide appropriate assistance consistent with applicable law.

THA prohibits retaliation, intimidation, coercion, or discrimination against an individual because the individual:

- Files or participates in a complaint or grievance;
- Requests an accommodation, language assistance, or auxiliary aid or service;
- Raises a concern regarding patient care or safety;
- Participates in an investigation; or
- Exercises an individual’s right that is protected by federal or Texas law.

Concerns regarding alleged retaliation may also be submitted through the complaint or grievance process described in this notice.

Filing a Complaint/Grievance

Complaints and grievances may be submitted by a patient or the patient's representative. If a representative submits a grievance on behalf of a patient, THA may request information reasonably necessary to establish the representative's authority to act on the patient's behalf, consistent with applicable law and THA policy.

A complaint may be received in person, by telephone, voicemail, mail, email, patient portal, or through a patient satisfaction survey. THA will make reasonable efforts to review and respond to complaints regardless of the way they are received.

We encourage patients or their representatives to discuss their concerns with the staff who are present and taking care of the patient at the time the situation occurs. If you are unable to settle the issue to your satisfaction, please request to speak to the Clinic Administrator or designated supervisor, who will try to resolve your complaint promptly at the time of occurrence.

- If you have comments, questions or concerns, please contact us at kindfeedback@texashealthaction.org or 1-833-937-5463.
- You may also mail your feedback to:

**Texas Health Action
Attn: Patient Experience
101 W. Koenig Lane Suite 300
Austin, TX 78751**

Grievance Review Process

A grievance could represent a violation of policy, contract or law or a concern that is more complex than can be resolved promptly by staff at the point of service. A patient or representative can request that any incident or concern be formally reviewed and investigated, or Texas Health Action may escalate a concern based on the information contained within a complaint. You may request a formal grievance form from our staff, but the form is not required to file a grievance. **For your convenience a copy of this form is also at the end of this notice for you to print/copy and send to us, should it be needed.**

We always encourage patients and representatives to submit grievances as soon as possible to ensure that THA can promptly investigate and address the concern. THA will not reject a grievance solely because it was submitted after a particular period of time.

THA will make reasonable efforts to review and investigate grievances even when all requested information is not available. When available, please provide:

- Your name and preferred contact information;
- The patient's name and date of birth;
- The date or approximate date of the event;
- A description of the concern;
- The names of individuals involved, if known; and
- The action or resolution you are requesting, if applicable.

Grievances received by THA will be documented and forwarded to the appropriate department or Compliance representative for review. The grievance will be escalated to the appropriate Director or other responsible leader for investigation and resolution.

The investigation may include review of relevant records, interviews with staff or other individuals, review of applicable policies and procedures, and other steps reasonably necessary to understand and resolve the concern.

THA will acknowledge receipt of a formal grievance in writing within seven (7) calendar days, when contact information is available. THA generally will provide a final written response within thirty (30) calendar days after receipt of the grievance. If additional time is reasonably necessary to complete the investigation, THA will notify the patient or representative in writing, explain that additional time is needed, and provide an estimated date for completion.

The response will describe the outcome of the investigation, and to the extent appropriate and permitted by law, any action taken in response to the grievance. THA may be unable to provide certain information when doing so would disclose another person's confidential or protected information.

All grievances otherwise received by any staff, contractor, or volunteer will be documented and forwarded to the Compliance Department. You may also contact us regarding a grievance at compliance@texashealthaction.org or by calling 1-833-937-5463.

You may mail your complaint/grievance to:

**Texas Health Action
Attn: Compliance
101 W. Koenig Lane Suite 300
Austin, TX 78751**

Special Concerns

If you (as the patient or representative on behalf of the patient) believe that the patient is in immediate danger, call 911 or seek emergency medical assistance.

Grievances involving patient safety, suspected abuse, neglect, exploitation, imminent danger, or other circumstances requiring immediate attention will be escalated promptly.

THA will make reports to governmental, regulatory, protective-services, law-enforcement, or other authorities that are required or authorized by law. THA's internal complaint or grievance process does not replace or delay any mandatory reporting obligation.

Nothing in this notice limits a patient's rights under HIPAA or other applicable federal or Texas privacy laws. Complaints concerning the privacy or security of protected health information may be submitted through the same processes described here, or via the complaint process described in THA's *Notice of Privacy Practices*.

Alternative Care During a Grievance

If a patient returns to THA for additional care while a grievance is pending, THA will make reasonable efforts to ensure that the patient is not required to receive care from the staff member or provider who is the subject of the grievance, when reasonably practicable and consistent with the patient's clinical needs and available resources.

Alternative arrangements may include assignment to another staff member or provider, a different location, or telehealth when clinically appropriate and available.

Grievance Appeal

If a patient or representative is dissatisfied with the final grievance response, the patient or representative may submit a written appeal within ten (10) calendar days after receiving the final response. You may appeal the grievance decision by filing an appeal in writing. The appeal must state why you are not satisfied and what further action you are requesting.

In event of an appeal, the Chief Operating Officer will conduct a separate investigation and review and will issue a written decision in response to the appeal. The original responding Director will not participate in the appeal review and decision-making process. THA will provide a written decision on the appeal within seven (7) calendar days after receipt of the appeal. If additional time is reasonably necessary, THA may extend the response period up to thirty (30) additional calendar days and will notify the patient or representative of the extension and expected response date.

You may email your appeal to compliance@texashealthaction.org or via mail addressed to

**Texas Health Action
Attn: Patient Grievance
101 W. Koenig Lane, Suite 300
Austin, TX 78751**

Civil Rights Grievances

Patients and representatives may file a civil-rights grievance without first completing our general patient grievance process. Complaints alleging discrimination or failure to provide required language assistance, reasonable modifications, auxiliary aids, or other disability accommodations are handled in accordance with applicable federal and state regulations.

Information about the procedures for filing a civil-rights grievance is available in THA's Notice of Nondiscrimination. <https://kindclinic.org/notice-of-non-discrimination/>

THA provides language assistance services and appropriate auxiliary aids and services when required by law. Patients who need an accommodation, auxiliary aid or service, language assistance, or assistance filing a grievance may request assistance from THA.

Patients receiving Ryan White Funded Assistance/Services

Patients receiving services with funding by Ryan White should first file their complaint with Texas Health Action; however, patients always have the right to file complaints directly with the grant administrative agency listed below. Additionally, anytime THA receives an appeal to a grievance, it will be shared with the administrative agency as it relates to the care delivery of Ryan White funded services.

- Part A funding with the City of Austin, HIV Resources Administration Program at Betty Dunkerley Public Health Campus, 7201 Levander Loop, Building H, Austin, TX, 78702 or Email: APHHIVResourcesAdmin@austintexas.gov
- Part B funding with the Brazos Valley Council of Governments (BVCOG) at P.O. Drawer 4128, 3991 East 29th Street, Bryan, Texas 77805-4128, Phone: 979-595-2801, Fax: 979-595-2810, Email: info@bvco.org

Other External Regulatory Agencies

Patients or their representatives may file a complaint with external regulatory agencies, regardless of whether they have first used Texas Health Action's complaint/grievance process. Nothing in this grievance process prevents an individual from exercising a right to file a complaint with an external agency, seeking assistance from a governmental entity, or pursue another remedy available under applicable law. THA's internal complaint, grievance, or appeal process is not intended to shorten, extend, or otherwise alter any deadline established by law or by an external agency for filing an external complaint. Each external agency may have their own filing requirements and deadlines, and you should contact them directly for the most accurate information.

- File with the U.S. Department of Health and Human Services directly, at the **Department of Health and Human Services Office for Civil Rights**, 1301 Young Street, Suite 106, Dallas, TX 75202. Voice phone: 1-800-368-1019, Fax: (202) 619-3818, Email: ocrmail@hhs.gov or <https://www.hhs.gov/hipaa/filing-a-complaint/index.html>.
- File with the **Texas Medical Board**: Complaints about physicians, as well as other licensees and registrants of the Texas Medical Board, including physician assistants, acupuncturists, surgical assistants, medical radiologic technologists, non-certified radiologic technicians, respiratory care practitioners, medical physicists, and perfusionists may be reported for investigation at the following address: **Texas Medical Board Attn: Investigations** 1801 Congress Avenue, Suite 9.200 P.O. Box 2018 Austin, Texas 78768-2018. Assistance in filing a complaint is available by calling the following telephone number: 1-800- 201-9353. For more information on filing a complaint with the Texas Medical Board, visit the Texas Medical Board website at www.tmb.state.tx.us
- File with the **Texas Board of Nursing**: Complaints about nurses, as well as other licensees and registrants of the Texas Board of Nursing, including Advanced Practice Registered Nurses, may be reported to the Texas Board of Nursing for investigation to the following address: **Texas Board of Nursing Attn: Enforcement** Texas Board of Nursing, George H. W. Bush State Office Building, 1801 Congress Avenue, Suite 10-200, Austin, TX 78701 Complaints may also be submitted via the online form at <https://txbn.boardsofnursing.org/complaint>, via phone at 800-821-3205, fax at (512) 305-6870, or email at complaints@bon.texas.gov.
- Individuals may also file complaints directly with the **Texas DSHS HIV/STD Program** by emailing hivstd@dshs.texas.gov or calling 737-255-4300.
- **Central Health MAP** enrollees may file feedback and concerns directly with Central Health via their website <https://www.centralhealth.net/central-health-services-feedback/>
- If you are insured, your insurance carrier may have their own process for receiving complaints and grievances. Please reach out to your health plan. Medicare/Medicaid beneficiaries may have additional complaint, grievance, appeal, and fair-hearing rights through Texas Medicaid, Texas Health and Human Services, and/or the patient's Medicare/Medicaid managed-care plan, as applicable.

Texas Health Action Patient/Client Grievance Form

Date of Event: _____

Location of Event: _____

Patient/client first and last name: _____ Date of Birth: _____

Are you the patient/client? ☐ Yes ☐ No

If no, please state your name and relation: _____

Please note: per standard grievance procedures, we must provide written correspondence to all grievances. If you do not wish to receive this information by certified mail to your address on file or another address that you provide, you must inform us of another method for us to provide written correspondence.

Confirm your contact information or provide us with an alternative below:

☐ Phone on file or ☐ other phone: _____

☐ Email on file or ☐ other email: _____

☐ Address on file or ☐ other address: _____

Have you/patient/client already received a second opinion from another healthcare professional?

☐ Yes ☐ No

The name(s) of staff involved, if known: _____

Describe your situation in detail and the events that led to your complaint. Please mention any pertinent details about the way we provided care and any concerns around safety, support, accountability, trust, innovation, respect, or excellence. (For printed/written concerns, you may use the back of this form or attach a second sheet.)

My signature indicates that I have read/written the preceding and to the best of my knowledge, and I believe it true: _____

Signature

Date