**THE HOUSTON REGIONAL HIV/AIDS RESOURCE GROUP, INC.**

**PROBLEM RESOLUTION FORM**

PLEASE NOTICE: Problems that interfere with your medical care, compliance or adherence will be addressed.

**Problem Resolution Process**

Initial Steps to Take

1. All agencies funded by TRG are required to have a “client complaint” process.
2. TRG recommends that clients first file a compliant at the agency-level.
3. TRG’s Consumer Advisory Board has adopted the following form as a tool to prepare for filing a complaint at the agency-level.

Please feel free to contact TRG (with a copy of all forms, notes and correspondence related to your problem)

**How would you like TRG to contact you?**

Please print your name and fill in at least one way you can be contacted for follow up.

Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1) Phone (\_\_\_\_\_\_\_)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

2) Address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Zip code\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

3) Email\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**In order to investigate your complaint, it may be necessary to share your name and identifying information with the agency involved.**

**Do I have your permission to do so? \_\_yes \_\_no**

**Type of problem**:

\_\_\_Problems getting an appointment

\_\_\_Problems receiving medications

\_\_\_Problems contacting/communicating with staff

\_\_\_Problems with transportation to/ from appointments

\_\_\_Other barrier to care: (Please describe below)

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The Problem Resolution Form

**Item 1: State the Problem**

* Clearly and concisely tell what the problem is. Give example(s) of when the problem occurred. Include dates.

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**Item 2: Describe the Impact**

* Tell how the problem is impacting your ability to remain in care/be compliant with your care.

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 **Item 3: Offer Respect**

* Speak about the service provided to you by this person or agency. Why is it important to you and what would you do if the service or program were not available to you.

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 **Item 4: Offer Resolutions**

* Give suggestions as to how the agency can alter systems to resolve the problem.

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Beyond the Agency-Level

TRG

* If you have followed the Agency-Level complaint process to the end and the problem worsens or continues you have the right to take your problem to TRG.
* Contact (with a copy of all forms, notes and correspondence related to your problem)
* TRG staff can help you with understanding which funder pays for the service you are referring to.

HRSA

Health Resources Services Administration (Ryan White Part C &D) are the funders of the following services below:

Case Management

Primary Medical Care

Medical Transportation

Mental Health Therapy

Nutritional Therapy

Patient Navigation

To seek a correction of information disseminated by the agency, individuals should follow the procedures described below:

1. A complaint or request for review and correction of information shall be submitted in written hard copy or by email.
2. it shall be sent to the agency by mail or email; and
3. it shall state that the submission is an information quality request for correction.

The complaint shall contain the following:

1. a detailed description of the specific material that needs to be corrected including where the material is located (i.e. the publication title, date, and publication number, if any, or the website and web page address (URL), or the speech title, presenter, date and place of delivery); and
2. the specific reason(s) for believing the information does not comply with OMB, HHS or HRSA guidelines and is in error, with supporting documentation, if any;
3. the specific recommendations for correcting the information;
4. a description of how the person submitting the complaint is affected by the information error; and
5. the name, mailing address, telephone number, email address, and organizational affiliation, if any, of the individual making the complaint.

Complainants should be aware that they bear the ‘burden of proof’ with respect to the necessity for correction as well as with respect to the type of correction they seek.

Complaints by mail should be directed to:

Health Resources and Services Administration (HRSA)

HRSA Chief Data Officer

Office of Planning, Analysis, and Evaluation (OPAE)

5600 Fishers Lane, 14N-120

Rockville, MD. 20857

Email complaints should be sent to infoquality@hrsa.gov.

DSHS

The Department of State Health Services (DSHS) HIV/STD Program (Ryan White Part B , State services & HOPWA) are the funders of the following services below:

Case Management

Day Treatment

Housing/HOPWA

Insurance Assistance

Medical Transportation

Medication Assistance

Mental Health Therapy

Nutritional Therapy

Oral Health

Primary Medical Care

DSHS has its own process details can be found at: <https://www.dshs.texas.gov/hivstd/policy/procedures/020-050.shtm>

Texas HIV Medication Program (THMP):

By phone: (800) 255-1090 - toll-free

By fax: (512) 989-4003 - HIV medication orders only

(512) 989-4011 - all other Texas HIV Medication Program faxes

Other HIV/STD programs:

By phone:(737) 255-4300

By fax: (do not fax confidential information, see disease reporting)

(512) 255-4008 - main HIV/STD Program fax number

You may call or text for questions or assistance with this form.

Reachelian Ellison, Consumer Relations Coordinator

Consumer Relations Coordinator

500 Lovett Ste. 100

Houston Texas 77006

rellison@hivtrg.org

832-533-0743 cell

713-526-2369 fax

PLEASE NOTICE: Problems that interfere with access to medical care, medication, compliance or adherence will be addressed. Problems which are outside of the realm of TRG will be referred to the appropriate source. (i.e., EEOC for job related complaints)