

WHITMAN COUNTY LEOFF I BOARD
400 N Main Street, Colfax, WA 99111
(509) 397-5246
FAX (509) 397-6355

[SAMPLE GRIEVANCE RESOLUTION LETTER]

[DATE]

[NAME]
[ADDRESS]
[CITY, STATE ZIP]

Dear [NAME]:

I am writing to respond to the concerns that you documented in your letter dated [INSERT DATE]. You expressed concerns regarding the [HANDLING/USE/DISCLOSURE] of [CLIENT'S NAME] protected health information. We respect your right to file a concern. We are very sorry that you are upset.

[OPTION 1- IF A COMPLAINT IS MADE BY THE CLIENT OR CLIENT'S LEGALLY AUTHORIZED REPRESENTATIVE] Based on your concerns, we completed an investigation on [INSERT DATE]. As part of the investigation we took the following steps: [INSERT STEPS TAKEN TO INVESTIGATE THE GRIEVANCE – INTERVIEWS, POLICY REVIEW, ETC.]. We found that [INSERT BRIEF SUMMARY OF THE FACTS OF THE INVESTIGATION].

OR

[OPTION 2 – IF A GRIEVANCE IS MADE BY SOMEONE OTHER THAN THE CLIENT OR THE CLIENTS LEGALLY AUTHORIZED REPRESENTATIVE, AND THE CLIENT'S PERMISSION HAS NOT BEEN GRANTED TO AUTHORIZE DISCLOSURE] Based on your concerns, we completed an investigation on [INSERT DATE]. We [INSERT STEPS TAKEN TO INVESTIGATE THE GRIEVANCE]. Due to privacy and security laws we cannot tell you any details of our investigation or findings. However, we would be happy to give you information, if the client permits us to do so.

Thank you for bringing your concerns to our attention. We try hard to protect all of the health information that we handle. You have given us an opportunity to review our practices and to make improvements.

If you have additional questions, please contact [INSERT NAME] at [INSERT NUMBER].

Sincerely,

[INSERT NAME]