

The Feedback Process

If you have feedback or a concern, we encourage you to speak directly with the members of your healthcare team as soon as reasonably possible. If you are unable to resolve a concern in this manner, please complete the form inside this pamphlet and mail it to:

Cottage Country Family Health Team

Executive Director

205 Hiram Street, Suite2,
Bracebridge, Ontario
P1L2C1

Once received, concerns will be reviewed by the Executive Director (ED) and Site Physician Lead if appropriate.

All feedback is welcomed and concerns will be thoroughly investigated. Concerns will be responded to in writing within 30 days of receipt of the form and followed up with a phone call if required.

To properly address your feedback and/or concerns, the ED may review them with the appropriate members of your healthcare team and/or arrange to meet with you regarding the feedback/concern.

II-P-2530(a)

Do you have feedback or a concern you would like us to address?

The Cottage Country Family Health Team strives to provide the highest standard of healthcare in a safe and supportive environment.

If you have feedback or a concern about this care, we encourage you or your family to first discuss your concern with the members of your healthcare team, the healthcare professionals most familiar with your particular situation. Usually they will be able to quickly resolve any issues you may have.

If a member of your healthcare team is unable to resolve your concern, please submit your concern in writing using the form inside this brochure. All written concerns will be thoroughly investigated without compromising a patient's future access to care.

Safeguarding Your Privacy

Because all medical information is confidential, consent will be obtained from patients if medical information is required to address the concern.

Bracebridge

Gravenhurst

Port Carling

Wahta/Bala

Port Severn

Mobile Unit



Patient Feedback Policy

CCFHT is committed to providing patients with the highest standard of care and we welcome feedback from patients about that care. Feedback in the form of a written concern will be taken seriously and will be investigated promptly. There will be no victimization of a patient as a result of this feedback and ongoing care or provision of services will not be affected by the presence of a written concern.

All concerns will be dealt with in confidence. Patient information will be shared only with those who “need to know” to address the concern and only with patient consent.

Feedback/Concern Information

Date of Issue/Concern:

Time:

Location of Issue/Concern:

Who/What is the subject of the issue/concern?

Summary of Issue/Concern:

What would be your preferred outcome?

Your Name:

Contact Information:

Date: