

Ontario Health atHome - Patient/Caregiver Appeal Form

Patient Name:

Address:

Telephone / Email:

Name of Person

Completing Form:

Summary of Complaint/Concern:

Consent to Release of Information and Commencement of Appeal (to be completed by patient or Substitute Decision Maker where required):

I _____ hereby request a formal review of my complaint/concern with Ontario Health atHome. I consent to the release of information from my record to all parties involved in the appeal, whether representatives of myself or representatives of Ontario Health atHome, which may include Service Providers.

Signature

Date

Please complete form and return to the Vice President, Patient Services Ontario Health atHome at 920 Champlain Court, Whitby, Ontario L1N 6K9 or fax to (905) 444-2530. Ontario Health atHome shall investigate every complaint received and inform patients of the appeal process to address complaints concerning those criteria set out in current legislation.