

Official Notice

Patient Grievance Policy at Hoffman Estates Surgery Center

Hoffman Estates Surgery Center under the direction of the Administrator and the Board of Managers supports a patient's right to file a grievance, if there is a question or concern regarding aspects of quality of care, patient's rights, patient safety or discharge readiness. A "patient grievance" is a written or verbal complaint (when the verbal complaint about patient care is not resolved at the time of the complaint by staff present) by a patient, or the patient's representative, regarding the patient's care.

If you have concerns about the care being provided in this licensed ambulatory surgical treatment center, you may speak to, write or email:

The Administrator
Hoffman Estates Surgery Center, LLC
1555 Barrington Road, DOB 3, Suite 0400
Hoffman Estates, IL 60502
847-519-1600
acyork@hesc1555.com

You may file a complaint with the Illinois Department of Public Health by calling during regular hours or in writing to the following address:

Nirav D. Shah, MD, Deputy Director,
The Health Facilities Division of the Illinois Department of Health Care Regulations
525 W Jefferson St. 5th Floor
Springfield, IL 62761
1-800-252 -4343

To contact the Centers for Medicare and Medicaid:

www.medicare.gov/Ombudsman

or

The Accreditation Association for Ambulatory Health Care, Inc
1-847-853-6060

Any person who believes she or he has been subjected to discrimination on the basis of disability may file a grievance with:

HHS Office for Civil Rights-Region V
233 N. Michigan Avenue, Chicago, IL 060601
(312)-886-2359 (Voice), (315)-353-5693 (TTY).