



Patient Services (PS) Committee “Patient Concern Form”

Date: _____

Patient Name/DOB: _____/_____

Instructions: The purpose of the PS Committee is to provide a formal process for patients to elevate concerns that they feel are not being addressed adequately, whether it is a clinical or billing concern, or other type of concern.

Please describe your concerns in detail and attach the comments to this form. Please attach any additional information/documents as well. When complete, please submit all information to our office. Information can be submitted by dropping off in person, fax, email, or regular mail.

Once submitted, either Dr. Jake Hollingsworth or Dr. Jessica Hollingsworth will be notified immediately to assess the urgency of the concern. A PS Committee meeting will be scheduled as soon as possible to review all documents, gather any additional information, and to discuss the concern thoroughly. Once the committee makes their decision, the patient will be notified of the decision by phone, if possible, and a written response will be sent to the patient as well.

The PS Committee consists of Dr. Jake Hollingsworth (Business Manager), Dr. Jessica Hollingsworth (Medical Director), and Ashley Pracna (Office Manager).

The PS Committee will review all submitted information any other relevant information as part of the resolution process, including, but not limited to medical records, billing records, contacting the patient and other staff, and reviewing video feeds. The PS Committee will take all available and pertinent information into consideration when making their decision(s). The goal is to make decisions that are fair to both parties. The decisions of the PS Committee are final. Thank you for allowing us to address your concerns in this manner.

A handwritten signature in black ink, appearing to read "J. Hollingsworth".

Jeffrey J. Hollingsworth, D.O.
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