Nystrom and Associates Grievance Procedure and Form – Minnesota

According to MN Statute 144.651 Subd. 20 and MN Statute 245I.12 Subd. 5, patients, former patients, or their authorized representative may voice their grievance(s) and/or recommend changes in our policies and procedures to our staff, free from restraint, interference, coercion, discrimination, or reprisal, including threat of discharge. We are required to make the following contacts available to you:

MN Department of Human Services, Licensing Division	PO Box 64242 St. Paul, MN 55164-0242 Phone: 651-431-6500 Fax: 651-431-7673	**MN Board of Social Work**	335 Randolph Ave Suite 245 St Paul, MN 55102 Phone: 612-617-2100 Fax: 651-215-0956 Email: social.work@state.mn.us
MN Office of Ombudsman for Mental Health and Developmental Disabilities	121 7th Place East Suite 420 Metro Square Building St. Paul, Minnesota 55101 Phone: 651-757-1800 Fax: 651-797-1950	**MN Board of Psychology**	335 Randolph Ave Suite 270 St. Paul, MN 55102 Phone: 612-617-2230 Fax: 651-797-1372 Email: psychology.board@state.mn.us
MN Department of Health, Office of Health Facilities Complaints	P.O. Box 64975 St Paul, MN 55164 Phone: 651-201-5000	**MN Board of Medical Practice**	335 Randolph Ave, Suite 140 St. Paul, MN 55102 Phone: 612-617-2130 Email: medical.board@state.mn.us
MN Board of Marriage and Family Therapy	335 Randolph Avenue, Suite 260 St Paul, MN 55102 Phone: 612-617-2220 Email: mft.board@state.mn.us	**MN Board of Nursing**	1210 Northland Drive Suite 120 Mendota Heights, MN 55120 Phone: 612-317-3000 Email: Nursing.board@state.mn.us
MN Board of Behavioral Health	335 Randolph Avenue Suite 290 St. Paul, MN 55102 Phone: 651-201-2756 Fax: 651-797-1374 Email: bbht.board@state.mn.us	**MN Board of Occupational Therapy Practice**	335 Randolph Ave Suite 240 St. Paul, MN 55102 Phone: 612-548-2179 Email: occupational.therapy@state.mn.us

Patient Name: _____ Patient Date of Birth: _____
Submitted by: _____ Relation to Patient: _____
Phone Number: _____

Description of Grievance including your proposed resolution:

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*Please submit your written grievance to the Quality Assurance Department by mail at 1900 Silver Lake Rd. New Brighton, MN 55112 attn. Quality Assurance, email at Qualityassurance@nystromcounseling.com, or fax at 651.505.6277. You may use the assistance of an advocate outside of Nystrom and Associates.