

ABUSE, NEGLECT AND MISUSE OF PERSONAL PROPERTY



- Presbyterian Hospital
- Presbyterian Kaseman Hospital
- Presbyterian Rust Medical Center
- Presbyterian Santa Fe Medical Center

- Presbyterian Española Hospital
- Lincoln County Medical Center
- Plains Regional Medical Center - Clovis

- Socorro General Hospital
- Dr. Dan C. Trigg Memorial Hospital
- Presbyterian Medical Group

Presbyterian Healthcare Services is committed to providing patient care in a safe environment. Any patient, family member, legal guardian or employee may report an incident of abuse, neglect or misuse of personal property to any Presbyterian Healthcare Services employee or directly to the New Mexico Department of Health (NMDOH) Division of Health Improvement (DHI). Reports can be made to DHI by telephone call, written correspondence or utilizing the DHI consumer complaint form. Patients, family members, legal guardians and employees should feel free to make reports to Presbyterian Healthcare Services or state agencies without fear of retaliation. As required by state law, Presbyterian Healthcare Services maintains an incident management system in order to ensure a timely response and identify quality improvement opportunities related to suspected patient abuse, neglect, or misuse of personal property.

DHI consumer complaint forms are available in the Admitting/Registration area at all facilities. Reports can also be made by calling, faxing or e-mailing the following state agencies.

Child Protective Services (New Mexico Children, Youth & Families Department)

- Phone 1-800-797-3260 or 855-333-7233
- Fax 1-505-841-6691

Adult Protective Services

- Phone 1-866-654-3219
- Fax 1-505-476-4913

NMDOH Division of Health Improvement

- DHI Hotline 1-800-752-8649
- Fax 1-888-576-0012
- E-mail incident.management@state.nm.us
- Online Form at <https://nmhealth.org/publication/view/form/2191/>

I have received the above information and understand that copies of the DHI consumer complaint form are available at Admissions/Registration or upon request.

The undersigned certifies the foregoing statements and consents were read and understood. The undersigned is the patient or is duly authorized as the patient's representative to execute and accept its terms.

Patient (or Authorized Representative/ Relationship to Patient)

Guarantor (or Authorized Representative/ Relationship to Patient)

Witness

Date

Time

If patient is unable to sign state reason: _____

Interpreter used - Printed Name _____

PATIENT IDENTIFICATION

