



## **CITY HEALTH OFFICE BACOLOD CITY**

### **I. MANDATE:**

Deliver the basic quality healthcare services that enables competent, responsive and compassionate healthcare workers led by dynamic leaders with active community participation. Services that enable one to promote, prevent, cure and rehabilitate members of the community.

Develop plans and programs to the community in accordance to the DOH standards and protocols. Monitor and evaluate progress and development of the activities planned out based on programs.

### **II. VISION:**

A leader and excellent provider of quality health services that are responsive to the needs of all Bacoleños in a more dynamic and resilient environment.

### **III. MISSION:**

To provide the highest quality health services to all Bacoleños afforded by the competence and industry of its people thru responsive health care programs.

### **IV. SERVICE PLEDGE**

Acknowledging the need to address the complexities of health problems, Bacolod City Health Office is committed to:

1. Ensure all clients will be provided appropriate actions towards situations and effective and timely results.
2. Capacitate all healthcare providers to be competent, skilled, knowledgeable and reliable using minimum resources.
3. Provide quality health care service to all clients irrespective of their socio-economic status.
4. Intensify community participation in health promotion programs.
5. Improve status on disease prevention.
6. Reduce mortality and morbidity of communicable and non-communicable diseases.
7. Strengthen linkages between government and non-government organizations.
8. Serve with honesty, respond promptly, work with efficiency and strive to deliver quality public service to the people of Bacolod City.

# 1. Animal Bite Treatment

CHO shall provide treatment to animal bite patients to prevent rabies infection.

<b>Office/Division:</b>	Animal Bite Treatment Center (City Health Office – Room 1 Main Dispensary)			
<b>Classification:</b>	Simple			
<b>Type of Transaction:</b>	G2C – Government to Citizen			
<b>Who may avail:</b>	All			
<b>CHECKLIST OF REQUIREMENTS</b>		<b>WHERE TO SECURE</b>		
<b>Category 2 patients (Medical Officer to determine)</b>				
None		None		
<b>Category 3 patients (Medical Officer to determine)</b>				
One (1) photocopy of Member Data Record (MDR)		PhilHealth		
<b>CLIENT STEPS</b>	<b>AGENCY ACTION</b>	<b>FEES TO BE PAID</b>	<b>PROCESSING TIME</b>	<b>PERSON RESPONSIBLE</b>
1. Proceed to Triage	1. Give health declaration form	None	5 minutes	<i>Triage Staff</i> City Health Office
2. Fill out health declaration form	2. Check and assess health declaration form: <ul style="list-style-type: none"> <li>Without Covid symptoms, patients will be given queuing number and proceed to cashier</li> <li>Upon assessment, patients with Covid symptoms will proceed to BRO center</li> </ul>	None	5 minutes	<i>Triage Staff</i> City Health Office
3. Pay consultation and registration fee <i>*Make sure to secure Official Receipt that will be issued upon payment</i>	3. Issue Official Receipt	PHP 40.00	15 minutes	<i>Cashier</i> City Health Office
4. Present Official Receipt and wait for	4.1 Check Official Receipt and assess patient	None	15 minutes	<i>Nurse or Midwife</i> City Health Office

queuing number to be called	and provide vital signs			
	<p>4.2 Examine, prescribe and classify patient:</p> <ul style="list-style-type: none"> <li>• All patients to buy their own tetanus vaccine</li> <li>• Category 2 patients to buy their own anti-rabies vaccine</li> <li>• Category 3 patients to submit MDR to avail of free vaccine</li> </ul>	None	15 minutes	<i>Medical Officer</i> City Health Office
<p>5. Present prescription and proceed to Skin testing</p> <p><i>(Skin testing procedure is until 9:30 AM only. For late patients, procedure to be done the following day)</i></p>	<p>5. Conduct skin testing procedure</p> <ul style="list-style-type: none"> <li>• If patient have no adverse reaction, proceed to administration of anti-tetanus serum (ATS) and tetanus toxoid (TT)</li> <li>• If patient have adverse reaction, patient to buy human tetanus immunoglobulin (HTIG) for administration together with TT</li> </ul>	None	45 minutes	<i>Nurse or Midwife</i> City Health Office
6. Proceed to tetanus vaccination	6. Administer ATS or HTIG and TT	None	3 minutes	<i>Nurse or Midwife</i> City Health Office
7. Proceed to anti-rabies vaccination	7. Administer Anti-rabies vaccine	None	3 minutes <i>*Active anti-rabies vaccine</i>	<i>Nurse or Midwife</i> City Health Office

			(Speeda, Verorab, Vaxirab)	
			1 hour *Passive anti-rabies immunoglobulin (Equirab)	
8. Receive schedule card of follow-up anti-rabies shots	8. Give schedule card of follow-up anti-rabies shots	None	5 minutes	Nurse or Midwife City Health Office
<b>TOTAL:</b>		PHP 40.00	2 hours 51 minutes	

## 2. Answering Sanitation Related Complaints

CHO shall assess sanitation related complaints and turnover to appropriate city department for action.

<b>Office/Division:</b>	City Health Office – Room 11 Environmental Sanitation Division			
<b>Classification:</b>	Simple			
<b>Type of Transaction:</b>	G2C – Government to Citizen			
<b>Who may avail:</b>	All			
<b>CHECKLIST OF REQUIREMENTS</b>		<b>WHERE TO SECURE</b>		
None		None		
<b>CLIENT STEPS</b>	<b>AGENCY ACTION</b>	<b>FEES TO BE PAID</b>	<b>PROCESSING TIME</b>	<b>PERSON RESPONSIBLE</b>
1. Submit complaint to Room 11 or e-Complaint Desk	1.1 Receive complaint from client or e-Complaint Desk	None	10 minutes	Sanitation Inspector City Health Office
	1.2 Assess and evaluate complaint	None	15 minutes	Sanitation Inspector City Health Office
	1.3 Conduct on-site inspection and prepare report as to findings and recommendations	None	4 hours	Sanitation Inspector City Health Office
	1.4 Submit to appropriate city departments for compliance	None	4 hours	Sanitation Inspector City Health Office

2. Receive status updates	2. Give status updates to client	None	3 minutes	Sanitation Inspector City Health Office
TOTAL:		None	1 day 28 minutes	

### 3. Birth Certificate Preparation

Parents of children delivered at Bacolod City Lying-in Clinic and Birthing Home Center must process their birth certificates at Room 25.

<b>Office/Division:</b>	City Health Office – Room 25 Birth Certificate		
<b>Classification:</b>	Simple		
<b>Type of Transaction:</b>	G2C – Government to Citizen		
<b>Who may avail:</b>	All parents of children delivered at Bacolod City Lying-in Clinic and Birthing Home Center		
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE	
<b>For Marital Child</b>			
Marriage Certificate of Parents (1 photocopy)		Client	
Government Issued Identification Card or Barangay Clearance with 2X2 Picture or Barangay ID of one (1) parent		Respective Barangay, DFA, PSA, LTO, SSS, GSIS, Comelec, PhilHealth, Pag-IBIG	
Baptismal Certificate (1 photocopy)		Client	
<b>Representative (Relative of parents)</b>			
Special Power of Attorney		Person being represented	
Government Issued Identification Card or Barangay Clearance with 2X2 Picture or Barangay ID of one (1) parent (1 photocopy)		Respective Barangay, DFA, PSA, LTO, SSS, GSIS, Comelec, PhilHealth, Pag-IBIG	
Government Issued Identification Card or Barangay Clearance with 2X2 Picture or Barangay ID of representative (1 photocopy)		Respective Barangay, DFA, PSA, LTO, SSS, GSIS, Comelec, PhilHealth, Pag-IBIG	
Baptismal Certificate (1 photocopy)		Client	
<b>For Nonmarital Child</b>			
Personal appearance of both parents		Client	
Government Issued Identification Card or Barangay Clearance with 2X2 Picture or Barangay ID of both parents (1 photocopy)		Respective Barangay, DFA, PSA, LTO, SSS, GSIS, Comelec, PhilHealth, Pag-IBIG	
Baptismal Certificate (1 photocopy)		Client	

Additional documents for Late Registration				
PSA Negative Entry (No Record) (1 original)				PSA
Growth chart (1 photocopy)				Client
CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Submit documentary requirements to Room 25 Window	1.1 Check completeness of documents and cross-reference and interview parent or relative	None	3 minutes	<i>Clerk II</i> City Health Office
	1.2 Encoding of entries and printing of birth certificate	None	15 minutes	<i>Administrative Aide I</i> City Health Office
2. Receive and affix signatures on four (4) original birth certificates	2. Give four (4) original birth certificates to client	None	3 minutes	<i>Administrative Aide I</i> City Health Office
3. Affix signature on releasing logbook and proceed to Local Civil Registrar (LCR) for registration	3. Give releasing logbook for client to affix signature and provide instructions regarding registration to LCR	None	5 minutes	<i>Administrative Aide I</i> or <i>Clerk II</i> City Health Office
TOTAL:		None	26 minutes	

#### 4. Certificate of Indigency Recording

CHO shall record the Certificate of Indigency prior availment of Dental, Laboratory or X-ray services.

<b>Office/Division:</b>	City Health Office – Room 27 Administrative Division
<b>Classification:</b>	Simple
<b>Type of Transaction:</b>	G2C – Government to Citizen
<b>Who may avail:</b>	Indigent citizens, persons with disabilities and senior citizens of Bacolod City
CHECKLIST OF REQUIREMENTS	WHERE TO SECURE
Certificate of Indigency	Respective Barangay

4 P's ID, OSCA ID, PWD ID, Voter's ID/Certification/Registration or National ID		DSWD, Office of the Senior Citizen Affairs, Persons with Disabilities Affairs Office, Comelec, PSA		
CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Present Certificate of Indigency and accepted ID	1.1 Check Certificate of Indigency and ID presented	None	3 minutes	<i>Nursing Attendant I</i> City Health Office
	1.2 Record name, age, barangay residency and type of service to avail on the logbook <i>*Only ten (10) persons per day per service</i>	None	3 minutes	<i>Nursing Attendant I</i> City Health Office
	1.3 Affix date, CHO stamp and signature on Certificate of Indigency	None	2 minutes	<i>Nursing Attendant I</i> City Health Office
2. Receive recorded Certificate of Indigency to avail dental, laboratory or x-ray services	2. Return Certificate of Indigency to client	None	2 minutes	<i>Nursing Attendant I</i> City Health Office
<b>TOTAL:</b>		None	10 minutes	

## 5. Death Certificate Preparation

City Health Office will prepare death certificate occurring in non-health institutions in Bacolod City.

<b>Office/Division:</b>	City Health Office – Room 26 Death Certificate	
<b>Classification:</b>	Simple	
<b>Type of Transaction:</b>	G2C – Government to Citizen	
<b>Who may avail:</b>	All Bacolod City residents	
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE
<b>Death occurred in a house or non-health institution</b>		
Certification of Death from Barangay (1 original and 3 photocopies)		Barangay <i>*Where the incident happened</i>

Government Issued Identification Card of family member/informant (3 photocopies)		DFA, PSA, LTO, SSS, GSIS, Comelec, PhilHealth, Pag-IBIG		
<b>Additional document if death occurred inside a jail facility</b>				
Certification of Death from BJMP (1 original and 3 photocopies)		BJMP		
<b>Additional documents for traumatic death (homicide, suicide, vehicular accident, etc.)</b>				
Police Blotter/Incident Report (1 original and 3 photocopies)		PNP Station *With jurisdiction on the incident		
Autopsy Report (1 original and 3 photocopies)		SOCO or Medico Legal Officer		
<b>Additional documents for foreigners</b>				
Passport of foreigner (3 photocopies)		Client		
Marriage Certificate (3 photocopies)		Client		
<b>Additional documents if informant is an authorized representative</b>				
Authorization Letter (1 original and 3 photocopies)		Client		
Government Issued Identification Card of representative (3 photocopies)		DFA, PSA, LTO, SSS, GSIS, Comelec, PhilHealth, Pag-IBIG		
<b>Additional documents for death of John Doe (unknown person)</b>				
With at least three (3) days publication of death on Facebook and Aksyon Radyo <ul style="list-style-type: none"> <li>Printed post on Facebook</li> <li>Certificate of Publication from Aksyon Radyo</li> </ul>		Client and Aksyon Radyo		
Certification of Death from the Anti-Mendicancy Task Force		Anti-Mendicancy Task Force		
Authorization Letter from Punong Barangay (1 original and 3 photocopies)		Barangay *Where the incident happened		
Government Issued Identification Card of Punong Barangay (3 photocopies)		Punong Barangay		
CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Pay Death Certificate preparation <i>*Make sure to secure Official Receipt that will be issued upon payment</i>	1. Issue Official Receipt	PHP 70.00	15 minutes	Cashier City Health Office



2. Submit Official Receipt and documentary requirements to Room 26 Window	2.1 Check completeness of documents and cross-reference and interview informant	None	10 minutes	<i>Nursing Attendant I</i> City Health Office
	2.2 Encoding of entries and printing of death certificates	None	10 minutes	<i>Nursing Attendant I</i> City Health Office
3. Receive four (4) original death certificates and give one (1) photocopy to Room 26 Window	3.1 Give four (4) original death certificates to client	None	3 minutes	<i>Nursing Attendant I</i> City Health Office
	3.2 Receive one (1) photocopy of death certificate from client and instruct client to go to Medical Officer III at Room 1	None	3 minutes	<i>Nursing Attendant I</i> City Health Officer
4. Present four (4) original death certificates to Medical Officer III at Room 1	4.1 Interview informant for cause of death	None	10 minutes	<i>Medical Officer</i> City Health Office
	4.2 Give procedure and ask client to return to Room 26 Window for encoding	None	5 minutes	<i>Medical Officer</i> City Health Office
5. Give procedure and four (4) original death certificates to Room 26 Window	5.1 Receive procedure and four (4) original death	None	3 minutes	<i>Nursing Attendant I</i> City Health Office

	certificates from client			
	5.2 Encode cause of death based on the instruction slip and print on the four (4) original death certificates	None	5 minutes	<i>Nursing Attendant I</i> City Health Office
	5.3 Give to client all four original (4) death certificates with cause of death for signature of Medical Officer III at Room 1	None	3 minutes	<i>Nursing Attendant I</i> City Health Office
6. Present four (4) original death certificates with cause of death to Medical Officer III at Room 1	6. Review encoded cause of death and affix signature on the death certificates and instruct client to return to Room 26 Window	None	5 minutes	<i>Medical Officer</i> City Health Office
7. Give one (1) original death certificate to Room 26 Window and receive instructions to proceed to embalmer	7. Receive one (1) original death certificate from client for filing and give instructions to client	None	3 minutes	<i>Nursing Attendant I</i> City Health Office
TOTAL:		PHP 70.00	1 hour 15 minutes	

## 6. Dental Services

CHO shall provide dental services to all citizens.

<b>Office/Division:</b>	City Health Office – Room 5 Dental Division
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<b>Classification:</b>	Simple			
<b>Type of Transaction:</b>	G2C – Government to Citizen			
<b>Who may avail:</b>	All			
<b>CHECKLIST OF REQUIREMENTS</b>		<b>WHERE TO SECURE</b>		
<b>For regular clients</b>				
None		None		
<b>For indigent citizens, persons with disabilities and senior citizens</b>				
Certificate of Indigency (Must be recorded in Room 27 Administrative Division prior availment of service)		Respective Barangay		
<b>CLIENT STEPS</b>	<b>AGENCY ACTION</b>	<b>FEES TO BE PAID</b>	<b>PROCESSING TIME</b>	<b>PERSON RESPONSIBLE</b>
1. Pay for tooth extraction for regular clients <i>*Make sure to secure Official Receipt that will be issued upon payment</i>	1. Issue Official Receipt	PHP 150.00	15 minutes	<i>Cashier</i> City Health Office
2. Submit Official Receipt or Certificate of Indigency to Room 5 Dental Division	2. Check Official Receipt or Certificate of Indigency and give assessment form to client	None	3 minutes	<i>Dental Aide</i> City Health Office
3. Fill up assessment form	3.1 Receive form, take vital signs and dental history	None	3 minutes	<i>Dental Aide</i> City Health Office
	3.2 Assess patient and oral examination	None	3 minutes	<i>Dental Aide</i> City Health Office
	3.3 Conduct tooth extraction procedure	None	10 minutes	<i>Dentist</i> City Health Office
4. Receive prescription and Dental Certificate if required	4. Give prescription and Dental Certificate if required by patient	None	5 minutes	<i>Dentist</i> City Health Office

TOTAL:	PHP 150.00	39 minutes	
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## 7. Drug Testing Services – Negative Result

CHO shall provide drug testing services to all citizens.

<b>Office/Division:</b>	City Health Office – Room 14 Drug Testing Center			
<b>Classification:</b>	Simple			
<b>Type of Transaction:</b>	G2C – Government to Citizen			
<b>Who may avail:</b>	All			
<b>CHECKLIST OF REQUIREMENTS</b>		<b>WHERE TO SECURE</b>		
Government Issued Identification Card		DFA, PSA, LTO, SSS, GSIS, Comelec, PhilHealth, Pag-IBIG		
<b>CLIENT STEPS</b>	<b>AGENCY ACTION</b>	<b>FEES TO BE PAID</b>	<b>PROCESSING TIME</b>	<b>PERSON RESPONSIBLE</b>
1. Proceed to Room 14 Drug Testing Center and present valid ID	1. Verify valid ID and interview client	None	3 minutes	<i>Laboratory Aide II</i> City Health Office
2. Fill up Client Information Form	2. Give Client Information Form to fill up	None	5 minutes	<i>Laboratory Aide II</i> City Health Office
3. Fill up Custody and Control Form and submit self for biometric verification	3.1 Give client the Custody and Control Form to fill up	None	5 minutes	<i>Encoder</i> City Health Office
	3.2 Conduct client's biometric verification of record <ul style="list-style-type: none"> <li>• If client has pending transaction, client should go back to previous drug testing center</li> <li>• If client has no pending transaction, client to</li> </ul>	None	3 minutes	<i>Encoder</i> City Health Office

	proceed to cashier			
4. Pay Drug Testing fee <i>*Make sure to secure Official Receipt that will be issued upon payment</i>	4. Issue Official Receipt	PHP 200.00	15 minutes	<i>Cashier</i> City Health Office
5. Present Official Receipt	5. Check Official Receipt and Encode or Update client information and biometrics	None	3 minutes	<i>Encoder</i> City Health Office
6. Submit urine specimen and affix signature on specimen bottle	6.1 Collect urine specimen bottle with signature from client	None	3 minutes	<i>Authorized Specimen Collector</i> City Health Office
	6.2 Conduct drug testing procedure on specimen	None	3 minutes	<i>Medical Technologist II</i> City Health Office
7. Receive result and affix signature on logbook	7. Give result to client and let client affix signature on logbook	None	3 minutes	<i>Laboratory Aide II</i> City Health Office
<b>TOTAL:</b>		PHP 200.00	43 minutes	

## 8. Drug Testing Services – Positive Result

CHO shall provide drug testing services to all citizens.

<b>Office/Division:</b>	City Health Office – Room 14 Drug Testing Center			
<b>Classification:</b>	Highly Technical			
<b>Type of Transaction:</b>	G2C – Government to Citizen			
<b>Who may avail:</b>	All			
<b>CHECKLIST OF REQUIREMENTS</b>		<b>WHERE TO SECURE</b>		
Government Issued Identification Card		DFA, PSA, LTO, SSS, GSIS, Comelec, PhilHealth, Pag-IBIG		
<b>CLIENT STEPS</b>	<b>AGENCY ACTION</b>	<b>FEES TO BE PAID</b>	<b>PROCESSING TIME</b>	<b>PERSON RESPONSIBLE</b>

1. Proceed to Room 14 Drug Testing Center and present valid ID	1. Verify valid ID and interview client	None	3 minutes	<i>Laboratory Aide II</i> City Health Office
2. Fill up Client Information Form	2. Give Client Information Form to fill up	None	5 minutes	<i>Laboratory Aide II</i> City Health Office
3. Fill up Custody and Control Form and submit self for biometric verification	3.1 Give client the Custody and Control Form to fill up	None	5 minutes	<i>Encoder</i> City Health Office
	3.2 Conduct client's biometric verification of record <ul style="list-style-type: none"> <li>• If client has pending transaction, client should go back to previous drug testing center</li> <li>• If client has no pending transaction, client to proceed to cashier</li> </ul>	None	3 minutes	<i>Encoder</i> City Health Office
4. Pay Drug Testing fee <i>*Make sure to secure Official Receipt that will be issued upon payment</i>	4. Issue Official Receipt	PHP 200.00	15 minutes	<i>Cashier</i> City Health Office
5. Present Official Receipt	5. Check Official Receipt and Encode or Update client information and biometrics	None	3 minutes	<i>Encoder</i> City Health Office
6. Submit urine specimen and affix signature	6.1 Collect urine specimen bottle with signature from client	None	3 minutes	<i>Authorized Specimen Collector</i> City Health Office

on specimen bottle	6.2 Conduct drug testing procedure on specimen	None	3 minutes	Medical Technologist II City Health Office
	6.3 Submit to Confirmatory Laboratory for confirmatory test and inform client that the result will be available after a maximum of 15 days	None	15 days*	Medical Technologist II City Health Office
	6.4 Inform client of the availability of result	None	3 minutes	Laboratory Aide II City Health Office
7. Receive result and affix signature on logbook	7. Give result to client and let client affix signature on logbook	None	3 minutes	Laboratory Aide II City Health Office
TOTAL:		PHP 200.00	15 days 46 minutes	

\*Service is covered under R.A. No. 9165 Comprehensive Dangerous Drugs Act of 2002.

## 9. Issuance of Certificate of Potability

CHO shall issue Certificate of Potability to Water Services Providers as mandated by PD 856 Code on Sanitation of the Philippines.

<b>Office/Division:</b>	City Health Office – Room 11 Environmental Sanitation Division			
<b>Classification:</b>	Simple			
<b>Type of Transaction:</b>	G2B – Government to Business			
<b>Who may avail:</b>	All water services providers in Bacolod City			
<b>CHECKLIST OF REQUIREMENTS</b>		<b>WHERE TO SECURE</b>		
Latest monthly water bacteriological examination result		DOH-accredited laboratory		
Six (6) months physical-chemical (physico-chem) examination result		DOH-accredited laboratory		
<b>CLIENT STEPS</b>	<b>AGENCY ACTION</b>	<b>FEES TO BE PAID</b>	<b>PROCESSING TIME</b>	<b>PERSON RESPONSIBLE</b>
1. Pay Certificate of Potability	1. Issue of Official Receipt	PHP 100.00	15 minutes	Cashier City Health Office

*Make sure to secure Official Receipt that will be issued upon payment				
2. Present Official Receipt and requirements	2.1 Check Official Receipt and assessment of requirements	None	10 minutes	Sanitation Inspector City Health Office
	2.2 Encoding and printing of Certificate of Potability	None	5 minutes	Sanitation Inspector City Health Office
3. Receive Certificate of Potability	3. Give Certificate of Potability	None	3 minutes	Sanitation Inspector City Health Office
<b>TOTAL:</b>		None	33 minutes	

## 10. Issuance of Certification on Disability

CHO shall provide certification on disability to fulfill the requirement of PWD ID for eligible Bacolod City residents.

<b>Office/Division:</b>	City Health Office – Room 102			
<b>Classification:</b>	Simple			
<b>Type of Transaction:</b>	G2C – Government to Citizen			
<b>Who may avail:</b>	All eligible Bacolod City residents			
<b>CHECKLIST OF REQUIREMENTS</b>		<b>WHERE TO SECURE</b>		
Medical Certificate on Disability (Not required for visible physical disability)		Respective Doctor		
Application Form, if available		Persons with Disabilities Affairs Office		
<b>CLIENT STEPS</b>	<b>AGENCY ACTION</b>	<b>FEES TO BE PAID</b>	<b>PROCESSING TIME</b>	<b>PERSON RESPONSIBLE</b>
1. Present Medical Certificate for evaluation and approval at Room 102	1.1 Evaluate and approve Medical Certificate	None	5 minutes	Encoder City Health Office
	1.2 Interview client and encode information to print Certification on Disability and	None	10 minutes	Encoder City Health Office



	application form if not available			
2. Receive instruction to wait for 1 day for the release of Certification on Disability	2.1 Give instruction to Client to wait for 1 day for the release of Certification on Disability	None	3 minutes	<i>Encoder</i> City Health Office
	2.2 Affix signature on Certification on Disability and application form if available	None	1 day	<i>Authorized Medical Officer III</i> City Health Office
3. Receive a text notification for the availability of Certification on Disability	3. Inform client through text notification for the availability of Certification on Disability	None	3 minutes	<i>Encoder</i> City Health Office
4. Return to Room 102 and receive Certification on Disability and affix signature on release slip	4. Give certification and release slip for signature of client and file release slip for recordkeeping	None	3 minutes	<i>Encoder</i> City Health Office
TOTAL:		None	1 day 24 minutes	

## 11. Issuance of Health Certificates

CHO shall issue Health Certificates to employees of business establishments as mandated by PD 856 Code on Sanitation of the Philippines.

<b>Office/Division:</b>	City Health Office – Room 11 Environmental Sanitation Division		
<b>Classification:</b>	Simple		
<b>Type of Transaction:</b>	G2C – Government to Citizen		
<b>Who may avail:</b>	All		
<b>CHECKLIST OF REQUIREMENTS</b>		<b>WHERE TO SECURE</b>	
<b>For green and yellow cards</b>			
Online Appointment	Website ( <a href="https://bacolodcityhealth.com/esd/">https://bacolodcityhealth.com/esd/</a> )		
1X1 Picture	Client		

X-ray result		Laboratory		
<b>For pink card</b>				
1X1 Picture		Client		
X-ray result		Laboratory		
CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Personal appearance on scheduled appointment and pay Health Certificate <i>*Make sure to secure Official Receipt that will be issued upon payment</i>	1. Issue Official Receipt	PHP 50.00	15 minutes	<i>Cashier</i> City Health Office
2. Submit requirements for evaluation	2.1 Evaluate requirements	None	3 minutes	<i>Sanitation Inspector</i> City Health Office
	2.2 Encoding and printing of Health Certificate	None	5 minutes	<i>Sanitation Inspector</i> City Health Office
3. Receive Health Certificate	3. Give Health Certificate to client	None	2 minutes	<i>Sanitation Inspector</i> City Health Office
<b>TOTAL:</b>		PHP 50.00	25 minutes	

## 12. Issuance of Medical Certificates

CHO shall issue medical certificates as requested by patients coming from Room 1 Main Dispensary.

<b>Office/Division:</b>	City Health Office – Room 27 Administrative Division			
<b>Classification:</b>	Simple			
<b>Type of Transaction:</b>	G2C – Government to Citizen			
<b>Who may avail:</b>	All patients who availed outpatient consultation in Room 1 Main Dispensary			
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE		
Doctor's Diagnosis		City Health Office – Room 1 Main Dispensary		
CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Pay Medical Certificate upon presentation of	1. Issue Official Receipt	PHP 50.00	15 minutes	<i>Cashier</i> City Health Office

doctor's diagnosis <i>*Make sure to secure Official Receipt that will be issued upon payment</i>				
2. Present Official Receipt and doctor's diagnosis at Room 27 Window	2.1 Check Official Receipt and doctor's diagnosis	None	3 minutes	<i>Nursing Attendant I City Health Office</i>
	2.2 Encode and print three (3) original Medical Certificates for medical condition or two (2) original Medical Certificates for fit-to-work	None	5 minutes	<i>Nursing Attendant I City Health Office</i>
3. Receive Medical Certificates and proceed to Room 1 Main Dispensary for signature of Medical Officer	3. Give Medical Certificates to client to get signature of Medical Officer at Room 1 Main Dispensary	None	3 minutes	<i>Nursing Attendant I City Health Office</i>
4. Present Medical Certificates to Medical Officer for review and signature at Room 1 Main Dispensary	4. Review and affix signature to Medical Certificates and return the same documents to client	None	5 minutes	<i>Medical Officer City Health Office</i>
TOTAL:		PHP 50.00	31 minutes	

### 13. Issuance of Sanitary Clearance

CHO shall issue Sanitary Clearance to business establishments as requirement for business permit application.

<b>Office/Division:</b>	City Health Office – Room 11 Environmental Sanitation Division
<b>Classification:</b>	Simple
<b>Type of Transaction:</b>	G2B – Government to Business

<b>Who may avail:</b>	All Bacolod City business establishments			
<b>CHECKLIST OF REQUIREMENTS</b>		<b>WHERE TO SECURE</b>		
Updated Health Cards of all employees		City Health Office – Room 11 Environmental Sanitation Division		
<b>CLIENT STEPS</b>	<b>AGENCY ACTION</b>	<b>FEES TO BE PAID</b>	<b>PROCESSING TIME</b>	<b>PERSON RESPONSIBLE</b>
1. Pay Sanitary Clearance <i>*Make sure to secure Official Receipt that will be issued upon payment</i>	1. Issue Official Receipt	PHP 100.00	15 minutes	<i>Cashier</i> City Health Office
2. Submit requirements for evaluation	2.1 Evaluate requirements	None	3 minutes	<i>Sanitation Inspector</i> City Health Office
	2.2 Encoding and printing of Sanitary Clearance	None	5 minutes	<i>Sanitation Inspector</i> City Health Office
3. Receive Sanitary Clearance	3. Give Sanitary Clearance to client	None	2 minutes	<i>Sanitation Inspector</i> City Health Office
<b>TOTAL:</b>		PHP 100.00	25 minutes	

#### 14. Issuance of Sanitary Permit to Operate

CHO shall issue Sanitary Permit to Operate to business establishments as requirement for business permit application.

<b>Office/Division:</b>	City Health Office – Room 11 Environmental Sanitation Division		
<b>Classification:</b>	Simple		
<b>Type of Transaction:</b>	G2B – Government to Business		
<b>Who may avail:</b>	All Bacolod City business establishments		
<b>CHECKLIST OF REQUIREMENTS</b>		<b>WHERE TO SECURE</b>	
<b>Food establishments and water services providers</b>			
Updated Health Cards of all employees		City Health Office – Room 11 Environmental Sanitation Division	
Ocular Inspection, if required		Sanitation Inspector	
<b>If water source is from BACIWA</b>			
Certification		BACIWA	

<b>If water source is from Deep Well</b>	
Water analysis result	DOH Accredited Laboratory
<b>Additional requirement if renewal</b>	
Previous year Sanitary Permit to Operate	Client
<b>Additional requirement if renewal for water services providers</b>	
Certificate of Potability or Site Clearance	City Health Office – Room 11 Environmental Sanitation Division
<b>Additional requirement for food processing, pharmacies, herbal supplements and other related establishments</b>	
License to Operate	FDA
<b>Public laundry, industrial hygiene, rest areas, bus terminals, bus stops, service stations, dancing schools, dance halls, night clubs, tonsorial beauty establishments, massage clinics, sauna baths, port, airport, aircraft sanitation, others</b>	
Updated Health Cards of all employees	City Health Office – Room 11 Environmental Sanitation Division
Ocular Inspection, if required	Sanitation Inspector
<b>Additional requirement if renewal</b>	
Previous year Sanitary Permit to Operate	Client
<b>Schools, public swimming, bathing places, hotels, motels, apartments, etc.</b>	
Updated Health Cards of all employees	City Health Office – Room 11 Environmental Sanitation Division
Ocular Inspection, if required	Sanitation Inspector
<b>Additional requirement if renewal</b>	
Previous year Sanitary Permit to Operate	Client
<b>If water source is from BACIWA</b>	
Certification	BACIWA
<b>If water source is from a Water Services Provider</b>	
Sanitary Permit to Operate	Water Services Provider
<b>If water source is from Deep Well</b>	
Water analysis result	DOH Accredited Laboratory

CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Pay Sanitary Permit to Operate <i>*Make sure to secure Official Receipt that will be issued upon payment</i>	1. Issue Official Receipt	PHP 100.00	15 minutes	<i>Cashier</i> City Health Office
2. Present Official Receipt and requirements for evaluation	2.1 Evaluate Official Receipt and requirements	None	3 minutes	<i>Sanitation Inspector</i> City Health Office
	2.2 Encoding and printing of Sanitary Permit to Operate	None	5 minutes	<i>Sanitation Inspector</i> City Health Office
3. Receive Sanitary Permit to Operate	3. Give Sanitary Permit to Operate to client	None	2 minutes	<i>Sanitation Inspector</i> City Health Office
<b>TOTAL:</b>		PHP 100.00	25 minutes	

### 15. Issuance of Site Clearance

CHO shall issue Site Clearance as required by client to fulfill the PD 856 Code on Sanitation of the Philippines.

<b>Office/Division:</b>	City Health Office – Room 11 Environmental Sanitation Division			
<b>Classification:</b>	Simple			
<b>Type of Transaction:</b>	G2C – Government to Citizen			
<b>Who may avail:</b>	All Bacolod City residents			
<b>CHECKLIST OF REQUIREMENTS</b>		<b>WHERE TO SECURE</b>		
None		None		
CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Pay Site Clearance/COP <i>*Make sure to secure Official Receipt that will be issued upon payment</i>	1. Issue of Official Receipt	PHP 100.00	15 minutes	<i>Cashier</i> City Health Office

2. Present Official Receipt and intention to apply	2.1 Check Official Receipt and intention to apply of client	None	10 minutes	<i>Sanitation Inspector</i> City Health Office
	2.2 Conduct sanitary survey of proposed water source site	None	5 hours	<i>Sanitation Inspector</i> City Health Office
	2.2 Encoding and printing of Certificate of Potability	None	5 minutes	<i>Sanitation Inspector</i> City Health Office
3. Receive Site Clearance/COP	3. Give Site Clearance/COP to client	None	3 minutes	<i>Sanitation Inspector</i> City Health Office
<b>TOTAL:</b>		PHP 100.00	5 hours 33 minutes	

## 16. Issuance of Transfer of Cadaver/Bones/Ashes

CHO shall issue Transfer of Cadaver as mandated by PD 856 Code on Sanitation of the Philippines.

<b>Office/Division:</b>	City Health Office – Room 27 Administrative Division			
<b>Classification:</b>	Simple			
<b>Type of Transaction:</b>	G2C – Government to Citizen			
<b>Who may avail:</b>	All			
<b>CHECKLIST OF REQUIREMENTS</b>		<b>WHERE TO SECURE</b>		
Death Certificate with cause of death signed by doctor and embalmer's signature (1 photocopy back-to-back)		Hospital or non-health institution		
<b>CLIENT STEPS</b>	<b>AGENCY ACTION</b>	<b>FEES TO BE PAID</b>	<b>PROCESSING TIME</b>	<b>PERSON RESPONSIBLE</b>
1. Present requirement to Room 27 Window	1.1 Check and assess requirement, collect one (1) photocopy of death certificate with embalmer's signature for filing	None	5 minutes	<i>Nursing Attendant I</i> City Health Office

	1.2 Encode, print and affix initials on Transfer of Cadaver Form	None	10 minutes	<i>Nursing Attendant I</i> City Health Office
2. Receive Transfer of Cadaver Form and instruction from Room 27 Window	2. Give Transfer of Cadaver Form and instruction to client for the next steps	None	3 minutes	<i>Nursing Attendant I</i> City Health Office
3. Pay Transfer of Cadaver <i>*Make sure to secure Official Receipt that will be issued upon payment</i>	3. Issue Official Receipt	PHP 100.00	15 minutes	<i>Cashier</i> City Health Office
4. Present Transfer of Cadaver Form to Medical Officer III for signature	4. Review and affix signature on Transfer of Cadaver Form	None	5 minutes	<i>Medical Officer III</i> City Health Office
5. Receive signed Transfer of Cadaver Form from Medical Officer III to proceed to CMO-Permits and License Division	5. Give signed Transfer of Cadaver Form to client	None	3 minutes	<i>Medical Officer III</i> City Health Office
<b>TOTAL:</b>		PHP 100.00	41 minutes	

## 17. Laboratory Services

CHO shall provide laboratory tests to all citizens.

<b>Office/Division:</b>	City Health Office – Room 7 Laboratory Division	
<b>Classification:</b>	Simple	
<b>Type of Transaction:</b>	G2C – Government to Citizen	
<b>Who may avail:</b>	All	
<b>CHECKLIST OF REQUIREMENTS</b>		<b>WHERE TO SECURE</b>
Laboratory request		Respective Doctor



CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Present laboratory request for verification	1. Verify laboratory request and instruct client to pay the corresponding fee	None	5 minutes	<i>Receptionist</i> City Health Office
2. Pay Laboratory test fee <i>*Make sure to secure Official Receipt that will be issued upon payment</i>	2. Issue Official Receipt	See Table 1 Below	15 minutes	<i>Cashier</i> City Health Office
3. Submit Official Receipt and samples; wait for instruction and scheduling depending on type of test	3.1 Check Official Receipt and receive samples for testing	None	5 minutes	<i>Receptionist</i> City Health Office
	3.2 Give instructions and scheduling depending on type of test to client	None	5 minutes	<i>Receptionist</i> City Health Office
4. Follow fasting instructions for FBS and Lipid Profile otherwise, submit self for testing <i>*Fasting for FBS is 8 hours while Lipid Profile is 10 hours</i>	4. Conduct blood extraction procedure	None	5 minutes	<i>Medical Technologist I</i> City Health Office
5. Receive laboratory results	5. Give laboratory result to client depending on type of test	None	2 hours	<i>Receptionist</i> City Health Office
<b>TOTAL:</b>		See Table Below	2 hours 35 minutes	

<b>LABORATORY FEES</b>	
CBC	PHP 80.00
CBC and Platelet	PHP 100.00
Blood Typing	PHP 50.00

Rh Typing	PHP 30.00
HBsAG (Hepatitis B)	PHP 100.00
RPR/VDRL	PHP 90.00
Urinalysis	PHP 40.00
Stool Exam	PHP 40.00
FBS/RBS	PHP 80.00
BUN	PHP 90.00
Uric Acid	PHP 80.00
Creatinine	PHP 80.00
Lipid Profile	PHP 400.00
Cholesterol	PHP 80.00
Triglycerides	PHP 200.00
Pregnancy Test	PHP 100.00
*Less 20% for PWD; Free for Senior Citizen	

## 18. Leprosy Control Services

CHO shall provide quality health care and treatment to leprosy patients.

<b>Office/Division:</b>	City Health Office – Room 10 TB Division			
<b>Classification:</b>	Simple			
<b>Type of Transaction:</b>	G2C – Government to Citizen			
<b>Who may avail:</b>	All			
<b>CHECKLIST OF REQUIREMENTS</b>		<b>WHERE TO SECURE</b>		
Doctor's request		Respective Doctor		
<b>CLIENT STEPS</b>	<b>AGENCY ACTION</b>	<b>FEES TO BE PAID</b>	<b>PROCESSING TIME</b>	<b>PERSON RESPONSIBLE</b>
1. Present requirement at Room 10 window	1.1 Receive and verify requirements from client	None	3 minutes	<i>Receptionist</i> City Health Office
	1.2 Conduct assessment and physical examination of patient	None	30 minutes	<i>Nurse I</i> City Health Office
2. Proceed to smearing room for slit skin smear testing	2. Conduct slit skin smear testing to patient	None	20 minutes	<i>Medical Technologist I</i> City Health Office

3. Receive result, health education and treatment medicine at Room 10 Window	3. Give result, health education treatment medicine to patient	None	30 minutes	<i>Nurse I or Medical Officer IV</i> City Health Office
TOTAL:		None	1 hour 23 minutes	

### 19. Lying-in Clinic and Birthing Home Center

CHO shall provide accessible birthing facility to all pregnant women

<b>Office/Division:</b>	Bacolod City Lying-in Clinic and Birthing Home Center			
<b>Classification:</b>	Simple			
<b>Type of Transaction:</b>	G2C – Government to Citizen			
<b>Who may avail:</b>	All pregnant women			
<b>CHECKLIST OF REQUIREMENTS</b>		<b>WHERE TO SECURE</b>		
Negative RT-PCR result		BRO Center		
Referral		Barangay Health Station		
Mother's Book		Client		
Old and New Laboratory results with Ultrasound (1 original and 1 photocopy)		Client		
<b>CLIENT STEPS</b>	<b>AGENCY ACTION</b>	<b>FEES TO BE PAID</b>	<b>PROCESSING TIME</b>	<b>PERSON RESPONSIBLE</b>
1. Present requirements and self for assessment to Nurses' Station	1.1 Conduct interview and check requirements	None	5 minutes	<i>Nurse</i> City Health Office
	1.2 Take vital signs; check fundal height and fetal heart beat	None	5 minutes	<i>Nurse</i> City Health Office
	1.3 Conduct internal examination: <ul style="list-style-type: none"> <li>• Patient with active labor will be constantly checked and monitored</li> </ul>	None	7 minutes	<i>Midwife and Medical Officer</i> City Health Office

	<ul style="list-style-type: none"> <li>• Patient with inactive labor will be given home instruction and schedule for follow-up checkup</li> </ul>			
2. Submit self for assessment and monitoring	<p>2. Conduct assessment and monitoring to patient with active labor</p> <ul style="list-style-type: none"> <li>• Patient with no complication will proceed to admission interview</li> <li>• Patient with complication will be referred to One Hospital Command</li> </ul>	None	1 hour	<i>Nurse or Midwife and Medical Officer</i> City Health Office
3. Proceed to admission interview and affix signature to waiver and consent forms	3. Conduct admission interview and receive waiver and consent forms with signature from patient	None	7 minutes	<i>Nurse and Midwife</i> City Health Office
4. Proceed to labor room	4. Conduct antepartum monitoring and checking of vital signs	None	1 hour	<i>Midwife and Medical Officer</i> City Health Office
5. Proceed to delivery room	5.1 Conduct checking of vital signs	None	5 minutes	<i>Nurse</i> City Health Office
	5.2 Conduct labor record	None	7 minutes	<i>Nurse</i> City Health Office
	5.3 Conduct routine immediate newborn care	None	10 minutes	<i>Nurse</i> City Health Office
	5.4 Conduct delivery record	None	5 minutes	<i>Nurse</i> City Health Office

	5.5 Conduct episiotomy	None	30 minutes	<i>Midwife or Medical Officer</i> City Health Office
6. Transfer to ward for post-partum monitoring	6.1 Conduct post-partum monitoring	None	1 hour	<i>Nurse</i> City Health Office
	6.2 Administer medicine and give instructions	None	1 day	<i>Nurse</i> City Health Office
7. Proceed to internal examination discharge	7.1 Conduct internal examination discharge	None	5 minutes	<i>Midwife and Medical Officer</i> City Health Office
	7.2 Instruct companion of patient to process clearance slip: <ul style="list-style-type: none"> <li>• Patient with PhilHealth membership to proceed to Room 25 Window <i>*PhilHealth members are exempted from paying childbirth delivery and newborn screening fee</i></li> <li>• Patient without PhilHealth membership to proceed to Cashier</li> </ul>	None	3 minutes	<i>Nurse</i> City Health Office
8. Pay childbirth delivery and newborn screening fees <i>*Make sure to secure Official Receipt that will be issued upon payment</i>	8. Issue Official Receipt	See Table Below	15 minutes	<i>Cashier</i> City Health Office
9. Present Official Receipt or PhilHealth	9.1 Verify Official Receipt or PhilHealth	None	3 minutes	<i>Clerk or Administrative Aide I</i> City Health Office

Membership to Room 25 Window	Membership of patient			
	9.2 Process and give clearance slip to client	None	5 minutes	<i>Administrative Aide / City Health Office</i>
10. Receive clearance slip from Room 25 Window	10. Give clearance slip to companion of patient for discharge and newborn screening	None	5 minutes	<i>Administrative Aide / City Health Office</i>
11. Present clearance slip to Nurses' Station	11. Conduct newborn screening	None	5 minutes	<i>Midwife City Health Office</i>
12. Receive home instructions, follow-up checkup schedule and discharge process	12. Give home instructions, follow-up checkup schedule and discharge process	None	5 minutes	<i>Nurse City Health Office</i>
<b>TOTAL:</b>		See Table Below	1 day 5 hours 7 minutes	

<b>FEES TO BE PAID</b>	<b>CHILDBIRTH DELIVERY FEE</b>	<b>NEWBORN SCREENING FEE</b>	<b>TOTAL</b>
Bacolod Residents	PHP 2,400.00	PHP 1,800.00	PHP 4,200.00
Non-Bacolod Residents	PHP 3,200.00	PHP 1,800.00	PHP 5,000.00

## 20. Medico Legal Services – Autopsy/Post-Mortem Examination

CHO shall provide autopsy/post-mortem examination as requested by Bacolod City residents.

<b>Office/Division:</b>	City Health Office – Satellite Office (Bacolod City Government Center)
<b>Classification:</b>	Simple
<b>Type of Transaction:</b>	G2C – Government to Citizen
<b>Who may avail:</b>	All Bacolod City residents

<b>CHECKLIST OF REQUIREMENTS</b>	<b>WHERE TO SECURE</b>
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Autopsy Request (1 original and 1 photocopy), if available		PNP Station *With jurisdiction on the incident		
Police Blotter/Incident Report (1 original and 1 photocopy)		PNP Station *With jurisdiction on the incident		
CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Pay autopsy/post-mortem examination fee <i>*Make sure to secure Official Receipt that will be issued upon payment</i>	1. Issue Official Receipt	PHP 150.00	15 minutes	<i>Cashier</i> City Treasurer's Office
2. Inform contracted funeral service provider for the intent and submit Official Receipt, requirements and relevant information to CHO Satellite Office	2.1 Receive and assess requirements from client	None	3 minutes	<i>Medico Legal Officer</i> City Health Office
	2.2 Give consent form to client	None	3 minutes	<i>Medico Legal Officer</i> City Health Office
3. Affix signature to consent form	3.1 Receive consent form with signature from client	None	5 minutes	<i>Medico Legal Officer</i> City Health Office
	3.2 Conduct autopsy/post-mortem examination at the contracted funeral service provider	None	2 hours	<i>Medico Legal Officer</i> City Health Office
4. Receive Medico Legal Autopsy/Post-Mortem Examination Certificate	4. Give Medico Legal Autopsy/Post-Mortem Examination Certificate to client	None	2 days	<i>Medico Legal Officer</i> City Health Office

TOTAL:	PHP 150.00	2 days 2 hours 26 minutes	
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## 21. Medico Legal Services – Other Certifications

CHO shall provide medico legal certifications as requested by Bacolod City residents.

<b>Office/Division:</b>	City Health Office – Satellite Office (Bacolod City Government Center)			
<b>Classification:</b>	Simple			
<b>Type of Transaction:</b>	G2C – Government to Citizen			
<b>Who may avail:</b>	All Bacolod City residents			
<b>CHECKLIST OF REQUIREMENTS</b>		<b>WHERE TO SECURE</b>		
<b>Medico Legal Certificate</b>				
Police Blotter/Incident Report (2 photocopies)		PNP Station *With jurisdiction on the incident		
Government Issued Identification Card (1 photocopy)		DFA, PSA, LTO, SSS, GSIS, Comelec, PhilHealth, Pag-IBIG		
<b>Gender Entry Correction</b>				
Birth Certificate (1 photocopy)		PSA, LCR		
Police Clearance (1 photocopy)		PNP Station		
NBI Clearance (1 photocopy)		NBI		
Medical Records (1 photocopy)		Respective health facility		
School Records (1 photocopy)		Respective educational institution		
Government Issued Identification Card (1 photocopy)		DFA, PSA, LTO, SSS, GSIS, Comelec, PhilHealth, Pag-IBIG		
<b>Minor Client</b>				
Government Issued Identification Card of parent or guardian (1 photocopy)		DFA, PSA, LTO, SSS, GSIS, Comelec, PhilHealth, Pag-IBIG		
<b>CLIENT STEPS</b>	<b>AGENCY ACTION</b>	<b>FEES TO BE PAID</b>	<b>PROCESSING TIME</b>	<b>PERSON RESPONSIBLE</b>
1. Pay gender entry correction or medico legal certificate fee <i>*Make sure to secure Official Receipt that will be issued upon payment</i>	1. Issue Official Receipt	PHP 50.00	15 minutes	<i>Cashier</i> City Treasurer's Office
2. Submit Official Receipt,	2.1 Receive and assess	None	5 minutes	<i>Medico Legal Officer</i> City Health Office



requirements and relevant information to CHO Satellite Office	requirements from client			
	2.2 Conduct interview and physical examination to client	None	15 minutes	<i>Medico Legal Officer</i> City Health Office
3. Receive medico legal certificate from CHO Satellite Office	3. Give medico legal certificate to client	None	5 minutes	<i>Medico Legal Officer</i> City Health Office
<b>TOTAL:</b>		PHP 50.00	40 minutes	

## 22. Mental Health Care Center – Admissions

CHO shall provide mental health care services to all mentally ill citizens.

<b>Office/Division:</b>	Bacolod City Mental Health Care Center, Paglaum Village, Barangay Mansilingan			
<b>Classification:</b>	Simple			
<b>Type of Transaction:</b>	G2C – Government to Citizen			
<b>Who may avail:</b>	All			
<b>CHECKLIST OF REQUIREMENTS</b>		<b>WHERE TO SECURE</b>		
Vaccine Card with 2 doses		Any Health Facility		
Official Receipt *Bacolod City Residents – PHP 8,000.00 *Non-Bacolod City Residents – PHP 10,000.00		City Treasurer's Office		
Government Issued Identification Card of parents or guardian (1 photocopy)		DFA, PSA, LTO, SSS, GSIS, Comelec, PhilHealth, Pag-IBIG		
Patient's personal items (clothing, toiletries, pillows, beddings etc.)		Client		
<b>CLIENT STEPS</b>	<b>AGENCY ACTION</b>	<b>FEES TO BE PAID</b>	<b>PROCESSING TIME</b>	<b>PERSON RESPONSIBLE</b>
1. Present vaccine card at the gate	1.1 Check vaccine card and record patient in logbook	None	3 minutes	<i>Nursing Attendant I</i> City Health Office

of Mental Health Care Center	1.2 Instruct client/patient to proceed to Nurses' Station	None	3 minutes	<i>Nursing Attendant I</i> City Health Office
	1.3 Give information sheets and waiver to client/patient	None	3 minutes	<i>Nurse I</i> City Health Office
2. Present Official Receipt and fill up information sheets and affix signature to waiver	2.1 Receive Official Receipt, filled-up information sheets and signed waiver from client/patient	None	5 minutes	<i>Nurse I</i> City Health Office
	2.2 Take vital signs of patient	None	10 minutes	<i>Nurse I</i> City Health Office
	2.3 Instruct client/patient to proceed to Medical Officer IV	None	3 minutes	<i>Nurse I</i> City Health Office
3. Proceed to Medical Officer IV	3. Conduct interview and assessment of patient and instruct client for admission procedure	None	30 minutes	<i>Medical Officer IV</i> City Health Office
4. Proceed to Nurses' Station for admission process	4.1 Conduct body diagram procedures	None	3 minutes	<i>Nurse I and Nursing Attendant I</i> City Health Office
	4.2 Conduct inspection of patient's personal items	None	5 minutes	<i>Nurse I and Nursing Attendant I</i> City Health Office
	4.3 Escort patient to isolation rooms/quarters	None	5 minutes	<i>Nurse I and Nursing Attendant I</i> City Health Office
5. Receive instructions and other relevant information regarding admitted patient	5. Give instructions and other relevant information to client regarding admitted patient	None	3 minutes	<i>Nurse I</i> City Health Office

TOTAL:	See Table Below	1 hour 13 minutes	
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### 23. Mental Health Care Center – Counseling and Psychotherapy

CHO shall provide mental health care services to all citizens.

<b>Office/Division:</b>	Bacolod City Mental Health Care Center, Paglaum Village, Barangay Mansilingan
<b>Classification:</b>	Simple
<b>Type of Transaction:</b>	G2C – Government to Citizen
<b>Who may avail:</b>	All

CHECKLIST OF REQUIREMENTS		WHERE TO SECURE		
Vaccine Card with 2 doses		Any Health Facility		
Referral Letter		SSS or Judicial Court Order		
CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Present vaccine card at the gate of Mental Health Care Center	1.1 Check vaccine card and record patient in logbook	None	3 minutes	<i>Nursing Attendant I</i> City Health Office
	1.2 Instruct client to proceed to Nurses' Station	None	3 minutes	<i>Nursing Attendant I</i> City Health Office
	1.3 Give information sheets to client	None	3 minutes	<i>Nurse I</i> City Health Office
2. Fill up and give information sheets to Nurses' station	2.1 Receive filled-up information sheets	None	5 minutes	<i>Nurse I</i> City Health Office
	2.2 Instruct client to proceed to Psychologist II	None	3 minutes	<i>Nurse I</i> City Health Office
3. Answer and give self-reporting questionnaire to Psychologist II	3.1 Received answered self-reporting questionnaire from client	None	5 minutes	<i>Psychologist II</i> City Health Office

	3.2 Conduct counseling or psychotherapy process	None	1 hour	<i>Psychologist II</i> City Health Office
4. Receive certificate or instructions and other relevant information regarding services undertaken	4. Give certificate or instructions and other relevant information regarding services undertaken by the client	None	5 minutes	<i>Psychologist II</i> City Health Office
TOTAL:		PHP 200.00	1 hour 27 minutes	

## 24. Mental Health Care Center – Outpatient Services

CHO shall provide mental health care services to all mentally ill citizens.

<b>Office/Division:</b>	Bacolod City Mental Health Care Center, Paglaum Village, Barangay Mansilingan			
<b>Classification:</b>	Simple			
<b>Type of Transaction:</b>	G2C – Government to Citizen			
<b>Who may avail:</b>	All			
<b>CHECKLIST OF REQUIREMENTS</b>		<b>WHERE TO SECURE</b>		
Vaccine Card with 2 doses		Any Health Facility		
Prescription with date of appointment		Respective Doctor or Medical Officer IV from previous consultation		
<b>CLIENT STEPS</b>	<b>AGENCY ACTION</b>	<b>FEES TO BE PAID</b>	<b>PROCESSING TIME</b>	<b>PERSON RESPONSIBLE</b>
1. Present vaccine card at the gate of Mental Health Care Center	1.1 Check vaccine card and record patient in logbook	None	3 minutes	<i>Nursing Attendant I</i> City Health Office
	1.2 Instruct client/patient to proceed to Nurses' Station	None	3 minutes	<i>Nursing Attendant I</i> City Health Office
	1.3 Give information sheets and waiver to client/patient	None	3 minutes	<i>Nurse I</i> City Health Office

2. Fill up information sheets and affix signature to waiver	2.1 Receive filled-up information sheets and signed waiver from client/patient	None	5 minutes	<i>Nurse I</i> City Health Office
	2.2 Take vital signs of patient	None	10 minutes	<i>Nurse I</i> City Health Office
	2.3 Instruct client/patient to proceed to Medical Officer IV	None	3 minutes	<i>Nurse I</i> City Health Office
3. Proceed to Medical Officer IV	3. Conduct interview and consultation of patient	None	30 minutes	<i>Medical Officer IV</i> City Health Office
4. Receive certificate or prescription with next schedule of appointment	4. Give certificate or prescription with next schedule of appointment	None	5 minutes	<i>Medical Officer IV</i> City Health Office
TOTAL:		None	1 hour 2 minutes	

## 25. Mental Health Care Center – Psychological Evaluation

CHO shall provide mental health care services to all citizens.

<b>Office/Division:</b>	Bacolod City Mental Health Care Center, Paglaum Village, Barangay Mansilingan			
<b>Classification:</b>	Simple			
<b>Type of Transaction:</b>	G2C – Government to Citizen			
<b>Who may avail:</b>	All			
<b>CHECKLIST OF REQUIREMENTS</b>		<b>WHERE TO SECURE</b>		
Vaccine Card with 2 doses		Any Health Facility		
Official Receipt *Psychological Evaluation – PHP 200.00		City Treasurer's Office		
Medical Certificates if clinical case (1 photocopy)		Respective Doctor		
Court Order if referred by the Judiciary (1 photocopy)		Judicial Court *Where the case was filed		
<b>CLIENT STEPS</b>	<b>AGENCY ACTION</b>	<b>FEES TO BE PAID</b>	<b>PROCESSING TIME</b>	<b>PERSON RESPONSIBLE</b>

1. Present vaccine card at the gate of Mental Health Care Center	1.1 Check vaccine card and record patient in logbook	None	3 minutes	<i>Nursing Attendant I</i> City Health Office
	1.2 Instruct client to proceed to Nurses' Station	None	3 minutes	<i>Nursing Attendant I</i> City Health Office
	1.3 Give information sheets to client	None	3 minutes	<i>Nurse I</i> City Health Office
2. Present Official Receipt, fill up and give information sheets to Nurses' station	2.1 Receive Official Receipt, filled-up information sheets	None	5 minutes	<i>Nurse I</i> City Health Office
	2.2 Instruct client to proceed to Psychologist II	None	3 minutes	<i>Nurse I</i> City Health Office
3. Answer and give self-reporting questionnaire to Psychologist II	3.1 Received answered self-reporting questionnaire from client	None	5 minutes	<i>Psychologist II</i> City Health Office
	3.2 Conduct intake interview to client	None	1 hour	<i>Psychologist II</i> City Health Office
	3.3 Conduct psychological testing to client	None	2 hours	<i>Psychologist II</i> City Health Office
4. Receive certificate or instructions and other relevant information regarding services undertaken	4.1 Give certificate or instructions and other relevant information regarding services undertaken by the client	None	5 minutes	<i>Psychologist II</i> City Health Office
TOTAL:		PHP 200.00	3 hours 32 minutes	

## 26. Outpatient Consultation

CHO shall provide medical consultation to all citizens.

<b>Office/Division:</b>	City Health Office – Room 1 Main Dispensary
<b>Classification:</b>	Simple

<b>Type of Transaction:</b>	G2C – Government to Citizen			
<b>Who may avail:</b>	All			
<b>CHECKLIST OF REQUIREMENTS</b>		<b>WHERE TO SECURE</b>		
Adult	None	None		
Children 5 years old and below	Growth Monitoring Chart	Client		
<b>CLIENT STEPS</b>	<b>AGENCY ACTION</b>	<b>FEES TO BE PAID</b>	<b>PROCESSING TIME</b>	<b>PERSON RESPONSIBLE</b>
1. Proceed to Triage	1. Give health declaration form	None	5 minutes	<i>Triage Staff</i> City Health Office
2. Fill out health declaration form	2. Check and assess health declaration form: <ul style="list-style-type: none"> <li>Without Covid symptoms, patients will be given queuing number and proceed to cashier</li> <li>Upon assessment, patients with Covid symptoms will proceed to BRO center</li> </ul>	None	5 minutes	<i>Triage Staff</i> City Health Office
3. Pay Consultation Fee <i>*Make sure to secure Official Receipt that will be issued upon payment</i>	3. Issue Official Receipt	PHP 20.00	15 minutes	<i>Cashier</i> City Health Office
4. Present Official Receipt and wait for queuing number to be called	4.1 Check Official Receipt and assess patient and take vital signs	None	10 minutes	<i>Nurse or Midwife</i> City Health Office
	4.2 Examine and consult patient; check growth	None	15 minutes	<i>Medical Officer</i> City Health Office

	monitoring chart for children			
5. Receive prescription or request for laboratory services or doctor's diagnosis to process Medical Certificate	5. Give prescription or request for laboratory services or doctor's diagnosis to process Medical Certificate to client	None	15 minutes	<i>Medical Officer</i> City Health Office
TOTAL:		PHP 20.00	1 hour 5 minutes	

## 27. Pharmacy Services

CHO shall provide medicines to all citizens.

<b>Office/Division:</b>	City Health Office – Room 12 Pharmacy			
<b>Classification:</b>	Simple			
<b>Type of Transaction:</b>	G2C – Government to Citizen			
<b>Who may avail:</b>	All			
<b>CHECKLIST OF REQUIREMENTS</b>		<b>WHERE TO SECURE</b>		
None		None		
<b>CLIENT STEPS</b>	<b>AGENCY ACTION</b>	<b>FEES TO BE PAID</b>	<b>PROCESSING TIME</b>	<b>PERSON RESPONSIBLE</b>
1. Present prescription at Pharmacy window	1.1 Receive prescription from client	None	3 minutes	<i>Pharmacist II</i> City Health Office
	1.2 Validates prescription	None	3 minutes	<i>Pharmacist II</i> City Health Office
	1.3 Check availability of medicine prescribed	None	3 minutes	<i>Pharmacist II</i> City Health Office
2. Receive medicine and prescription from Pharmacy window	2. Dispenses medicine and returns prescription to client	None	5 minutes	<i>Pharmacist II</i> City Health Office
TOTAL:		None	14 minutes	



## 28. Prenatal Care Check-up

CHO shall provide pre-natal care checkup to all pregnant women.

<b>Office/Division:</b>	City Health Office – Room 4 Prenatal Care			
<b>Classification:</b>	Simple			
<b>Type of Transaction:</b>	G2C – Government to Citizen			
<b>Who may avail:</b>	All pregnant women			
<b>CHECKLIST OF REQUIREMENTS</b>		<b>WHERE TO SECURE</b>		
Referral		Barangay Health Station		
Mother's Book		Client		
Old and New Laboratory results with Ultrasound (1 original and 1 photocopy)		Client		
<b>CLIENT STEPS</b>	<b>AGENCY ACTION</b>	<b>FEES TO BE PAID</b>	<b>PROCESSING TIME</b>	<b>PERSON RESPONSIBLE</b>
1. Get queuing number and provide patient's name at Room 4	1. Give queuing number to client and get patient's name	None	3 minutes	<i>Population Program Worker II</i> City Health Office
2. When number is called, present requirements	2.1 Check requirements and interview patient	None	5 minutes	<i>Population Program Worker II</i> City Health Office
	2.2 Take vital signs	None	3 minutes	<i>Population Program Worker II</i> City Health Office
	2.3 Check fundal height and fetal heart beat	None	3 minutes	<i>Population Program Worker II</i> City Health Office
	2.4 Conduct consultation and internal examination	None	15 minutes	<i>Medical Officer III</i> City Health Office
3. Receive home instructions and schedule for follow-up checkup	3. Give home instructions and schedule for follow-up checkup	None	3 minutes	<i>Population Program Worker II</i> City Health Office
<b>TOTAL:</b>		None	32 minutes	

## 29. Review of Death Certificates

CHO shall review and sign death certificates prior submission for registration to the Local Civil Registrar.

<b>Office/Division:</b>	City Health Office – Room 27 Administrative Division			
<b>Classification:</b>	Simple			
<b>Type of Transaction:</b>	G2C – Government to Citizen			
<b>Who may avail:</b>	All			
<b>CHECKLIST OF REQUIREMENTS</b>		<b>WHERE TO SECURE</b>		
Death Certificate with cause of death signed by doctor and embalmer's signature (1 photocopy back-to-back)		Hospital or non-health institution		
<b>CLIENT STEPS</b>	<b>AGENCY ACTION</b>	<b>FEES TO BE PAID</b>	<b>PROCESSING TIME</b>	<b>PERSON RESPONSIBLE</b>
1. Present requirement to Room 27 Window	1.1 Check and assess requirement, collect one (1) photocopy of death certificate for filing	None	5 minutes	<i>Nursing Attendant I</i> City Health Office
	1.2 Affix initial and date on the death certificate	None	3 minutes	<i>Nursing Attendant I</i> City Health Office
	1.3 Affix signature on the death certificate	None	5 minutes	<i>Medical Officer</i> City Health Office
2. Receive death certificate from Medical Officer and proceed to Bacolod City Government Center for next steps	2. Give signed death certificate to client	None	3 minutes	<i>Medical Officer</i> City Health Office
<b>TOTAL:</b>		None	16 minutes	

### 30. Roentgenology Services

CHO shall provide x-ray services to all citizens.

<b>Office/Division:</b>	City Health Office – Room 8 X-ray Section
<b>Classification:</b>	Simple

<b>Type of Transaction:</b>	G2C – Government to Citizen			
<b>Who may avail:</b>	All			
<b>CHECKLIST OF REQUIREMENTS</b>		<b>WHERE TO SECURE</b>		
Doctor's request		Respective Doctor		
<b>CLIENT STEPS</b>	<b>AGENCY ACTION</b>	<b>FEES TO BE PAID</b>	<b>PROCESSING TIME</b>	<b>PERSON RESPONSIBLE</b>
1. Present doctor's request to Room 8	1. Assess doctor's request and instruct client to pay fee	None	3 minutes	<i>Nursing Attendant I</i> City Health Office
2. Pay x-ray fee <i>*Make sure to secure Official Receipt that will be issued upon payment</i>	2. Issue Official Receipt	PHP 200.00	15 minutes	<i>Cashier</i> City Health Office
3. Present Official Receipt to Room 8	3.1 Check Official Receipt	None	3 minutes	<i>Nursing Attendant I</i> City Health Office
	3.2 Take patient's information and data processing	None	3 minutes	<i>Nursing Attendant I</i> City Health Office
	3.3 Instruct patient to proceed to x-ray room	None	3 minutes	<i>Medical Officer III</i> City Health Office
4. Proceed to x-ray room	4.1 Conduct radiographic process	None	3 minutes	<i>Medical Officer III</i> City Health Office
	4.2 Proceed to film processing	None	7 minutes	<i>Medical Officer III</i> City Health Office
5. Receive x-ray result and interpretation from Medical Officer III	5. Give x-ray result and interpretation to client	None	3 minutes	<i>Medical Officer III</i> City Health Office
<b>TOTAL:</b>		None	40 minutes	

### 31. Social Hygiene Services

CHO shall provide social hygiene services to all citizens.

<b>Office/Division:</b>	City Health Office – Room 6 Social Hygiene Clinic			
<b>Classification:</b>	Simple			
<b>Type of Transaction:</b>	G2C – Government to Citizen			
<b>Who may avail:</b>	All			
<b>CHECKLIST OF REQUIREMENTS</b>		<b>WHERE TO SECURE</b>		
None		None		
<b>CLIENT STEPS</b>	<b>AGENCY ACTION</b>	<b>FEES TO BE PAID</b>	<b>PROCESSING TIME</b>	<b>PERSON RESPONSIBLE</b>
1. Present request to the receptionist at Room 6 window	1. Assess request and instruct client to pay the fee accordingly	None	3 minutes	<i>Receptionist</i> City Health Office
2. Pay corresponding fee <i>*Make sure to secure Official Receipt that will be issued upon payment</i>	2. Issue Official Receipt	See Table Below	15 minutes	<i>Cashier</i> City Health Office
3. Present Official Receipt to the receptionist at Room 6	3.1 Check Official Receipt	None	3 minutes	<i>Receptionist</i> City Health Office
	3.2 Interview client	None	5 minutes	<i>Nurse III or Medical Technologist I</i> City Health Office
	3.3 Conduct Pre-counseling regarding the corresponding tests to be undertaken	None	3 minutes	<i>Nurse III or Medical Technologist I</i> City Health Office
	3.4 Conduct blood extraction or gram staining procedure depending on the request	None	5 minutes	<i>Medical Officer IV or Nurse III or Medical Technologist I</i> City Health Office
	3.5 Preparation of specimen and microscopic examination	None	10 minutes	<i>Nurse III or Medical Technologist I</i> City Health Office

4. Receive results, post-counseling, treatment and other relevant information	4. Give result, post-counseling, treatment and other relevant information to patient	None	3 minutes	Medical Officer IV or Nurse III City Health Office
TOTAL:		See Table Below	47 minutes	

<b>SOCIAL HYGIENE FEES</b>	
HIV Test	Free
HBsAG (Hepatitis B)	PHP 100.00
RPR/VDRL	PHP 90.00
Gram Staining	PHP 65.00
*Less 20% for PWD; Free for Senior Citizen	

### 32. Swab Test Result Releasing

CHO shall provide swab test results after undergoing RT-PCR test to all citizens.

<b>Office/Division:</b>	City Health Office – Room 102			
<b>Classification:</b>	Simple			
<b>Type of Transaction:</b>	G2C – Government to Citizen			
<b>Who may avail:</b>	All pregnant women due for childbirth and symptomatic individuals			
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE		
None		None		
CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Provide patient's name and date of swab to Room 102	1.1 Get patient's name and date of swab from client	None	3 minutes	Clerk City Health Office
	1.2 Check swab test result if available	None	3 minutes	Clerk City Health Office
	1.3 Print swab test result	None	3 minutes	Clerk City Health Office
	1.4 Affix signature on swab test result	None	5 minutes	Medical Officer City Health Office
2. Receive swab test results from Room 102	2. Give swab test result to client	None	3 minutes	Clerk City Health Office

<b>TOTAL:</b>	None	17 minutes	
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### 33. TB Control Services – GeneXpert and TB Microscopy

CHO shall provide GeneXpert services to all symptomatic and diagnosed TB patients.

<b>Office/Division:</b>	City Health Office – Sputum Section			
<b>Classification:</b>	Simple			
<b>Type of Transaction:</b>	G2C – Government to Citizen G2G – Government to Government			
<b>Who may avail:</b>	All symptomatic and diagnosed TB patients			
<b>CHECKLIST OF REQUIREMENTS</b>		<b>WHERE TO SECURE</b>		
Patient request and result form		Respective Barangay Health Station		
Doctor's request		Respective Doctor		
X-ray result and findings		Any accredited roentgenology facility		
<b>CLIENT STEPS</b>	<b>AGENCY ACTION</b>	<b>FEES TO BE PAID</b>	<b>PROCESSING TIME</b>	<b>PERSON RESPONSIBLE</b>
1. Present requirements at Room 4 TB Microscopy	1.1 Receive and verify requirements from client	None	5 minutes	<i>Receptionist</i> City Health Office
	1.2 Instruct client to proceed to smearing room	None	3 minutes	<i>Receptionist</i> City Health Office
2. Proceed to smearing room and provide specimen	2. Evaluate specimen based on quantity and quality from client	None	5 minutes	<i>Medical Technologist I</i> City Health Office
3. Claim result from Room 4 TB Microscopy	3. Release result to client	None	1 day*	<i>Receptionist</i> City Health Office
<b>TOTAL:</b>		None	1 day 13 minutes	

\*GeneXpert results will be claimed at 4:00 PM of the same day; Direct sputum smear microscopy (DSSM) will be forwarded to respective Barangay Health Station the next day.

### 34. TB Control Services – TB-DOTS

CHO shall provide quality health care and treatment to symptomatic and diagnosed TB patients.

<b>Office/Division:</b>	City Health Office – Room 10 TB Division
<b>Classification:</b>	Simple

<b>Type of Transaction:</b>	G2C – Government to Citizen G2G – Government to Government			
<b>Who may avail:</b>	All symptomatic and diagnosed TB patients			
<b>CHECKLIST OF REQUIREMENTS</b>		<b>WHERE TO SECURE</b>		
DSSM result		Barangay Health Station		
GeneXpert result		City Health Office – Sputum Section		
X-ray result and findings		Any accredited roentgenology facility		
Medical History		Respective Doctor or Clinic		
<b>CLIENT STEPS</b>	<b>AGENCY ACTION</b>	<b>FEES TO BE PAID</b>	<b>PROCESSING TIME</b>	<b>PERSON RESPONSIBLE</b>
1. Register at Room10 to get queuing number	1. Register patient and give queuing number	None	5 minutes	<i>Receptionist</i> City Health Office
2. When number is called, present requirements	2.1 Assess requirements and interview patient	None	15 minutes	<i>Nurse I</i> City Health Office
	2.2 Conduct consultation and instruct patient to proceed to HIV testing	None	15 minutes	<i>Medical Officer IV</i> City Health Office
3. Proceed to HIV testing	3.1 Conduct interview and counseling to patient	None	20 minutes	<i>Nurse I</i> City Health Office
	3.2 Conduct HIV testing	None	10 minutes	<i>Medical Technologist I</i> City Health Office
4. Receive result, diagnosis and treatment medicine with schedule from Room 10	4. Give result, diagnosis and treatment medicine with schedule to patient	None	30 minutes	<i>Nurse I</i> City Health Office
<b>TOTAL:</b>		None	1 hour 35 minutes*	

\*Treatment methodology will depend on the type of TB (Drug-Susceptible or Drug-Resistant) the patient is diagnosed with, please consult the Nurse or Medical Officer at the TB-DOTS for appropriate health care.

<b>FEEDBACK AND COMPLAINTS MECHANISM</b>	
How to send feedback?	For walk-ins: Client may answer the feedback form in the City Health Office Triage and put it in the feedback

	<p>and complaints drop box.  Contact number: 431-3673  Email address: <a href="mailto:cho@bacolodcity.gov.ph">cho@bacolodcity.gov.ph</a></p>
How feedbacks are processed?	<p>For walk-ins/calls/emails: The City Health Officer compiles and records all feedback submitted. For feedback requiring answers are forwarded to the relevant personnel/division and they are required to answer within three (3) days from the receipt of the feedback. The client will be informed via email or phone call.</p>
How to file complaint?	<p>To file a complaint against the Department, provide the following details via email:</p> <ul style="list-style-type: none"> <li>- Full name and Contact Information of the Complainant</li> <li>- Sex (Male or Female)</li> <li>- Narrative/Details of the complaint</li> <li>- Evidence</li> <li>- Name of the person/division being complained</li> </ul> <p>Contact number: 431-3673  Email address: <a href="mailto:cho@bacolodcity.gov.ph">cho@bacolodcity.gov.ph</a></p>
How complaints are processed?	<p>The City Health Officer reviews and evaluates the complaints received on daily basis. The City Health Officer shall coordinate with the concerned division/s to address the complaint and shall investigate, if necessary. After the concern has been addressed or after the conduct of the investigation, the concerned division/s shall submit an incident report to the City Health Officer, for appropriate action. The client will be informed via email or phone call.</p>
Contact Information of CCB, PCC, ARTA	<p>You may send all complaints to <a href="mailto:complaints@arta.gov.ph">complaints@arta.gov.ph</a>  Or call us at 8478-5099, 0969-257-7242, 0928-690-4080</p> <p>Or you may course them through:</p> <p>Presidential Complaint Center (PCC)  <a href="mailto:pcc@malacanang.gov.ph">pcc@malacanang.gov.ph</a>  Hotline 8888 or 82498310 loc. 8175 or 8182  Tel. Nos. 8736-8645, 8736-8603, 8736-8606, 8736-8629, 8736-8621</p> <p>Contact Center ng Bayan (CCB)  <a href="mailto:email@contactcenterngbayan.gov.ph">email@contactcenterngbayan.gov.ph</a>  0908-881-6565</p>