



## **Client Rights Policy and Client Grievance Procedure**

### *Purpose*

The purpose of the Client Rights and Grievance Procedure policy is to protect and enhance the rights of persons applying for or receiving services by establishing specific rights of clients and procedures for responsive and impartial resolution of client grievances.

### *Procedure*

MHAOhio shall investigate each grievance, including allegations of neglect and/or abuse by agency staff of a Client. The written results of all investigations shall be reviewed by the Executive Director. MHAOhio shall keep documentation of the findings of the investigation and of actions taken as a result of the investigation. MHAOhio shall report any allegation of neglect or abuse to the community mental health board within twenty-four hours of the event occurring and shall communicate the results of the investigation to the appropriate community mental health board. In situations that involve child abuse or adult abuse, any notification required by law shall be made to the appropriate authorities.

### *Definitions*

- (1) "Client" means an individual applying for or receiving mental health services from MHAOhio.
- (2) "Client Rights Officer" means the individual designated by MHAOhio with the responsibility for assuring compliance with this Client Rights and Grievance Procedure. The MHAOhio client rights officer is the agency's Get Connected Program Director.
- (3) "Grievance" means a complaint initiated either verbally or in writing by a client or by any other person or agency on behalf of a client regarding denial or abuse of any client's rights.
- (4) "Mental Health Services" means any of the services, programs, or activities named and defined in Rule 5122:2-1-01 of the Administrative Code. Mental Health Services include both direct client services and community services. Direct client services are listed and defined in Paragraphs (D)(1) to (D)(10) of Rule 5122:2-1-01 of the Administrative Code. Community services are listed and defined in Paragraphs (D)(11) to (D)(15) of Rule 5122:2-1-01 of the Administrative Code.

### *Client Rights*

- (1) The right to be treated with consideration and respect for personal dignity, autonomy, and privacy;
- (2) The right to service in a humane setting which is the least restrictive feasible as defined in the treatment plan;
- (3) The right to be informed of one's own condition, of proposed or current services, treatment or therapies, and of the alternatives;

- (4) The right to consent to or refuse any service upon full explanation of the expected consequences of such consent or refusal. A parent or legal guardian may consent to or refuse any service on behalf of a minor client;
- (5) The right to freedom from unnecessary or excessive medication;
- (6) The right to freedom from unnecessary restraint or seclusion;
- (7) The right to participate in any appropriate and available agency service, regardless of refusal of one or more other services or prior refusal to participate in services, unless there is a valid and specific necessity which precludes and/or requires the client's participation in other services. This necessity shall be explained to the client;
- (8) The right to confidentiality of communications and of all personally identifying information within the limitations and requirements for disclosure of various funding and/or certifying sources, state or federal statutes, unless release of information is specifically authorized by the client or parent or legal guardian of a minor client or court appointed guardian of an adult client in accordance with rule 5122:2-3-11 of the Administrative Code;
- (9) The right to be informed in advance of the reason(s) for discontinuance of service provision, and to be involved in planning for the consequences of that event;
- (10) The right to receive an explanation of the reasons for denial of service;
- (11) The right not to be discriminated against in the provision of service on the basis of religion, race, color, creed, sex, national origin, age, lifestyle, physical or mental handicap, developmental disability, or inability to pay;
- (12) The right to know the cost of services;
- (13) The right to be fully informed of all rights;
- (14) The right to exercise any and all rights without reprisal in any form including continued and uncompromised access to service;
- (15) The right to file a grievance;
- (16) The right to have oral and written instructions for filing a grievance.

The Client Rights Policy and Grievance Procedure are:

Posted in the office lobby and on the MHAOhio website and available from MHAOhio staff at the office during regular business hours:

Mental Health America of Ohio  
2323 MHAOHIO. 5th Ave., Suite 160  
Columbus, Ohio 432014  
(614) 221-1441

or may be obtained from the designated Client Rights Officer. All clients may have a copy and explanation of the Client Rights Policy and Grievance Procedure upon request.

### *Purpose*

The purpose of this rule is to protect and enhance the rights of persons applying for/or receiving mental health services by establishing specific procedures for responsive and impartial resolution of client rights grievances.

### *Policy*

It is the policy of the Board of Trustees of Mental Health America of Ohio to provide all clients that receive agency services a written grievance procedure upon request, which provides the following:

- (1) A client rights officer will be available to provide assistance in filing the grievance if needed by the griever, investigation of the grievance on behalf of the griever, and agency representation for the griever at the agency hearing on the grievance if desired by the griever. The client rights officer, Neal Edgar, is available during regular business hours, Monday through Friday, 8:30 a.m. to 5:00 p.m. at MHAOhio, 2323 W. 5<sup>th</sup> Ave., Columbus, Ohio, (614) 221-1441.
- (2) The client rights officer shall provide an explanation of the process from the original filing of the grievance to the final resolution, which will include opportunity for the griever and/or their designated representative to be heard by an impartial decision maker. The client rights officer shall keep records of grievances received, subject matter, and resolution.
- (3) A release of information form should be signed by the client griever, giving MHAOhio permission to share information with other persons and agencies and for any other designated agency to receive information from other persons and agencies regarding the client, which pertains to the grievance. This procedure must be followed when the griever is other than the client.
- (4) MHAOhio shall give written receipt of the grievance to the client or to the griever, if other than the client, with the client's permission, specifying the date and time and who received the grievance, and shall provide written notification and explanation of the resolution.
- (5) MHAOhio shall work to resolve all grievances within twenty (20) working days from the date of filing the grievance.
- (6) MHAOhio shall offer clients every opportunity and provide a "reasonable period of time" to file grievances and will assist, when necessary, in that process. While clients have the opportunity to file grievances within any reasonable time frame, they are encouraged to do so within thirty (30) days from the date that the grievance occurred so that information is readily available and memories are still fresh.
- (7) Clients and other concerned parties may initiate a complaint or grievance to any agency, board, department, licensing board, or regulatory agency desired. Filing a grievance is not an appeal procedure. The following list shall be provided upon request to the client with a printed explanation of the grievance process and information regarding the client rights officer.

Fairfield County ADAMH Board  
108 W. Main St., Suite A  
Lancaster, Ohio 43130  
(740) 654-0829

ADAMH Board of Franklin County  
447 E. Broad St.  
Columbus, Ohio 43215  
(614) 224-1057

Delaware-Morrow Mental Health & Recovery Services Board  
40 N. Sandusky St., Suite 301  
Delaware, Ohio 43015  
(740) 368-1740

Ohio Mental Health and Addiction Services  
Client Advocacy Coordinator  
30 East Broad Street, 8<sup>th</sup> Floor  
Columbus, OH 43215-3430  
(614) 466-2596 Fax (614) 466-1571 TTY 614-752-9696  
[www.mh.state.oh.us](http://www.mh.state.oh.us)

Ohio Legal Rights Service  
8 East Long Street, 5<sup>th</sup> Floor  
Columbus, OH 43266-0523  
(614) 466-7264 or (800) 282-9181  
[www.olrs.state.oh.us](http://www.olrs.state.oh.us)

Attorney General's Office  
Health Care Fraud Unit  
101 E. Town Street, 5<sup>th</sup> Floor  
Columbus, OH 43215-9987  
(614) 466-0722 Fax (614) 644-9973 TTY (614) 466-1393  
[www.ag.state.oh.us](http://www.ag.state.oh.us)

Ohio Governor's Council on People with Disabilities  
400 E. Campus View Blvd.  
Columbus, OH 43235  
(800) 282-4536 Ext. 1391 or (614) 438-1391 (voice & TTY)  
[www.state.oh.us/gcpd](http://www.state.oh.us/gcpd)

U.S. Department of Health & Human Services  
Office for Civil Rights – Region V  
105 West Adams Street  
Chicago, IL 60603  
(312) 886-5078

Counselor & Social Work Board  
77 S. High Street, 16<sup>th</sup> Floor  
Columbus, OH 43215-6108  
(614) 466-0912 Fax (614) 728-7790  
[www.state.oh.us/csw](http://www.state.oh.us/csw)

State Medical Board  
77 S. High Street, 17<sup>th</sup> Floor  
Columbus, OH 43266  
(614) 466-3934 Fax (614) 728-5946  
[www.state.oh.us/med](http://www.state.oh.us/med)

Nursing Education & Nurse Registration Board  
17 S. High Street, Suite 400  
Columbus, OH 43215-3413  
(614) 466-3947 Fax (614) 466-0388  
[www.state.oh.us/nur](http://www.state.oh.us/nur)

State Board of Psychology  
77 S. High Street, 17<sup>th</sup> Floor  
Columbus, OH 43266-0321  
(614) 466-8808 Fax (614) 728-7081  
[www.state.oh.us/phy](http://www.state.oh.us/phy)

- (8) Upon request, and when accompanied by an appropriate release of information, MHAOhio shall provide all relevant information about the grievance to one or more of the organizations specified in the paragraph above as well as one or more of any other outside entities requested.
- (9) MHAOhio shall post the grievance procedure in a conspicuous place in the agency office. In addition, written grievance procedures shall be available upon request to each applicant, client, or other interested party.
- (10) MHAOhio shall make provision for prompt accessibility of the client rights officer to the griever.
- (11) MHAOhio shall make provision for alternate arrangements for situations in which the client rights officer is the subject of the grievance or the client rights officer is not available.
- (12) MHAOhio shall provide a personal copy of the client rights policy to every member of the staff and provide staff training on the rights of clients and the grievance procedure. MHAOhio staff shall immediately advise any client or other person who is articulating a concern, complaint or grievance about the name and the availability of the client rights officer and the complainant's right to file a grievance. Staff shall also explain the grievance procedure if requested.
- (13) A complainant may be represented by a person of his or her own choice. If a complainant employs an attorney, the complainant must pay the attorney's fees. MHAOhio is not required and shall not be responsible for fees or any costs related to the employment of private counsel.
- (14) MHAOhio provides for the client rights officer to take all necessary steps to assure compliance with the grievance procedure.
- (15) In the case of any agreement with outside entities, MHAOhio assures that responsibilities in regard to provisions of the rule are stated.
- (16) MHAOhio shall provide written notification and explanation of the resolution to the client, or griever, if other than the client.
- (17) Agency records are available for review by the appropriate ADAMH Board(s) and OhioMHAS upon request.
- (18) MHAOhio shall submit an annual report to the appropriate ADAMH Board(s), including number of grievances received, types of grievances, and resolution status of grievances.
- (19) Subsequent substantive changes to this policy shall be submitted for approval.

## **Process for Filing a Grievance**

Any person applying for or receiving mental health services has the right to file a grievance with the Client Rights Officer or the staff of MHAOhio, who are familiar with specific rights and the grievance procedure. Copies of the grievance application, written instructions for the application, and details of the grievance procedure and release of information forms make up the application package.

The client rights officer shall be immediately notified of any grievance, assist the griever in collecting additional information, if necessary, and acknowledge to the griever receipt of the complaint with a copy to the Executive Director.

It is the responsibility of the client rights officer to review the application, gather additional information, and investigate the complaint. If a resolution can be found at this level, a written statement shall be sent to the griever which details the complaint, the investigation, and the resolution signed by the client rights officer and the griever.

If the griever is not satisfied, they and the client rights officer shall meet with the Executive Director. If a resolution is reached at this level, a letter as detailed above will be sent to the griever, signed by the three parties.

If the griever, the client rights officer, and the Executive Director are unable to find a resolution, the griever shall be invited to bring concerns before the MHAOhio Board of Trustees at the next board meeting. NOTE: The scheduling of the meeting shall be within the twenty (20) working day limitation called for in the Ohio Administrative Code. If the MHAOhio Board of Trustees and the griever are unable to resolve the complaint, the griever shall be given a full copy of the grievance procedure and have explained what resolution may be sought from the outside entities listed in item 7 above.

A grievance log shall be maintained by the MHAOhio Board of Trustees that will contain, at minimum, the following information: the griever's name and address, a summary of the complaint, and the resolution or action taken.

**Mental Health America of Ohio**  
2323 W. 5<sup>th</sup> Ave., Suite 160  
(614) 221-1441

Client Grievance Application

Date \_\_\_\_\_

Name of Client \_\_\_\_\_ Name of Grievant \_\_\_\_\_

Nature of Grievance \_\_\_\_\_

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Information about grievance, including efforts to resolve the problem at the agency level:

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Other relevant information \_\_\_\_\_

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Signature \_\_\_\_\_

## **Instructions for Completing the Grievance Application**

The Grievance Application should be filed in writing (preferably typewritten or printed) with MHAOhio's client rights officer who is located at the MHAOhio office, 2323 W. 5th Ave., Suite 160, Columbus, Ohio, telephone (614) 221-1441 during regular MHAOhio business hours.

As stated in MHAOhio's written grievance procedure, the client rights officer is available to provide assistance in filing the grievance, if needed, by making contact at the above address and/or by phone.

Under "Nature of Grievance," try to be as specific as possible as to what attempts have been made to resolve the grievance at the agency or local level and why you are now bringing the grievance to the client rights officer/MHAOhio Board of Trustees.

Under "Other Relevant Information" include any additional information you wish to share or have considered in resolving the grievance.

You may use additional space to answer the above questions.

Upon receipt of the completed Grievance Application form and signed Release of Information form, the MHAOhio's client rights officer will begin the necessary steps to resolve the grievance in accordance with MHAOhio's written procedures.



**CONSENT TO OBTAIN AND/OR RELEASE INFORMATION**

Mental Health America of Ohio, 2323 W. 5th Ave., Suite 160, Columbus, Ohio 43204, is hereby granted my permission to release and/or obtain from:

Person's Name \_\_\_\_\_ Phone \_\_\_\_\_

Organization's Name \_\_\_\_\_

Address \_\_\_\_\_

Such information as may be necessary regarding:

\_\_\_\_\_ Date of Birth \_\_\_\_\_  
(print client's name)

Purpose or need for disclosure:

\_\_\_\_\_

Specific information to be disclosed:

\_\_\_\_\_

I have read or had read and explained to me, and fully understand the content of this form. I further understand that this information cannot be released to a third party or agency not named on this form. This consent to disclose may be revoked by me at any time except to the extent that action has been taken in reliance thereon. The consent (unless expressly revoked earlier) expires on \_\_\_\_\_, which is within ninety (90) days of my signature.

\_\_\_\_\_  
(signature of client/guardian) (date) (relationship)

\_\_\_\_\_  
(witness) (date)

The confidentiality of these records is protected by Federal Regulation 42 CFR, Part 2, and is not to be re-released.