



CLIENT RIGHTS AND GRIEVANCE POLICY & PROCEDURE

PURPOSE: To protect and enhance the rights of persons applying for or receiving mental health services from agencies receiving funding through a contract with the Lorain County Board of Mental Health (LCBMH) by establishing specific rights of Clients and procedures for responsive and impartial resolution of Client grievances.

POLICY: It is the policy of the Lorain County Board of Mental Health (LCBMH) that all Clients receiving service from a Contracted Provider Agency (Agency) shall have their rights protected in applying for and receiving mental health services.

RULES:

- A. Except for Clients receiving forensic evaluation service as defined in Paragraph (D)(9) of Rule 5122:2-1-01 of the Ohio Administrative Code, from a certified forensic center, each Client has all of the following 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 and 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, treatment, or therapy at any time upon full explanation of the expected consequences of such consent or refusal. A parent or Legal Guardian may consent to or refuse any service, treatment or therapy on behalf of a minor Client;
 5. The right to a current, written individualized service plan that addresses one's own mental health, physical health, social and economic needs, and that specifies the provision of appropriate and adequate services, as available, either directly or by referral;
 6. The right to active and informed participation in the establishment, periodic review, and reassessment of the service plan;
 7. The right to freedom from unnecessary or excessive medication;
 8. The right to freedom from unnecessary restraint or seclusion;
 9. The right to participate in any appropriate and available Agency service, regardless of refusal of one or more other services, treatments, or therapies, or regardless of relapse from earlier treatment in that or another service, 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 and written in the Client's current service plan;
 10. The right to be informed of and refuse any unusual hazardous treatment procedures;

11. The right to be advised of and refuse observation by techniques such as one-way vision mirrors, tape recorders, televisions, movies, or photographs;
 12. The right to have the opportunity to consult with independent treatment specialists or legal counsel, at one's own expense;
 13. 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 the person of an adult Client in accordance with rule 5122:2-3-11 of the Ohio Administrative Code;
 14. The right to have access to one's own psychiatric, medical or other treatment records, unless access to particular identified items of information is specifically restricted for that individual Client for clear treatment reasons in the Client's treatment plan. "Clear treatment reasons" shall be understood to mean only severe emotional damage to the Client such that dangerous or self-injurious behavior is an imminent risk. The person restricting the information shall explain to the Client the factual information about the individual Client that necessitates the restriction. The restriction must be renewed at least annually to retain validity. Any person authorized by the Client has unrestricted access to all information. Clients shall be informed in writing of Agency policies and procedures for viewing or obtaining copies of personal records;
 15. 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;
 16. The right to receive an explanation of the reasons for denial of service;
 17. 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;
 18. The right to know the cost of services;
 19. The right to be fully informed of all rights;
 20. The right to exercise any and all rights without reprisal in any form including continued uncompromised access to service;
 21. The right to file a grievance; and
 22. The right to have oral and written instructions for filing a grievance.
- B. Each Client receiving a forensic evaluation service from a certified forensic center has the following rights:
1. The right to be treated with consideration and respect for personal dignity;
 2. The right to be evaluated in a physical environment affording as much privacy as feasible;
 3. The right to service in a humane setting which is the least restrictive feasible if such setting is under the control of the forensic center;

4. The right to be informed of the purpose and procedures of the evaluation service;
 5. The right to consent to or refuse the forensic evaluation services and to be informed of the probable consequences of refusal;
 6. The right to freedom from unnecessary restraint or seclusion if such restraint or seclusion is within the control of the forensic center;
 7. The right to be advised of and refuse observation by techniques such as one-way vision mirrors, tape recordings, televisions, movies, or photographs, unless ordered by the court, in which case the Client must be informed of such technique;
 8. 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, sexual orientation, or inability to pay;
 9. The right to be fully informed of all rights;
 10. The right to exercise any and all rights without reprisal in any form;
 11. The right to file a grievance;
 12. The right to have oral and written instructions for filing a grievance including an explanation that the filing of a grievance is exclusively an administrative proceeding within the mental health system and will not affect or delay the outcome of the criminal charges.
- C. Written copies of this grievance procedure shall be available upon request.
- D. The LCBMH Client Rights Officers shall review annually the implementation of the Client rights policy and grievance procedures for each of the LCBMH contract provider agencies and shall receive annually from each Agency the Client Rights Officer's summary of the number of grievances received, type of grievances and resolution status of grievances.
- E. The LCBMH Client Rights Officers shall keep records of the grievances they receive, the subject of the grievances, and the resolution of each and shall ensure the availability of these records for review by the Ohio Department of Mental Health upon request. The LCBMH shall summarize annually its records to include number of grievances received, types of grievances, and resolution status.
- F. A grievance should be filed with the entity closest to the incident and progress to other sources of relief if resolution cannot be obtained at the level closest to the incident.
- G. At their sole discretion, grievances may be filed by a Griever (i.e., a Client or any other person or Agency on behalf of the Client), with the Agency, LCBMH, Ohio Department of Mental Health or other organizations listed in the procedure below. Grievors are encouraged but are not required to follow the order of the procedure written below:

PROCEDURE:

- A. A Griever should first try to resolve concerns or complaints with involved parties.
- B. A Griever that has decided to file a grievance should first contact the Agency Client Rights Officer.

- C. Grievers may file a grievance verbally or in writing with the LCBMH by contacting a LCBMH Client Rights Officer, who will assist as needed in the filing of the grievance:
1. For adults, the Client Rights Officer is the **Director of Community Services**:
Blanche Dortch, Ph.D.
Suite 101
1173 N Ridge Rd
Lorain, Ohio 44055
(440) 233-2020
 2. For children and adolescents (younger than 18 years old), the Clients Rights Officer is the **Director of Child and Adolescent Services**:
Kathleen Kern, Ph.D.
Suite 101
1173 N Ridge Rd
Lorain, Ohio 44055
(440) 233-2020
- D. If the grievance is against an Agency, the LCBMH Client Rights Officer will ask the Client or Legal Guardian to sign an authorization to release information in order to access information relevant to the grievance. The grievance will not be considered as being filed and complete until the signed authorization is received by the Client Rights Officer.
- E. The Client Rights Officer's investigation may include interviews with individuals who may have information relevant to the grievance.
- E. Written notification and explanation of the LCBMH resolution/response to the grievance should be provided to the Griever and the Agency, with within twenty working days (i.e., not including weekends and holidays) from the date it is filed with the LCBMH.
- F. If the Griever is not satisfied with the decision of the Client Rights Officer, the Griever may request a review by the LCBMH Clinical Team, to include the **Director of Community Services, Director of Child and Adolescent Services, Intersystem Program Director and the Executive Director**, not including the presiding Client Rights Officer.
- G. The LCBMH Clinical Team should provide written notification and explanation of their resolution/response to the grievance shto the Client or the Griever if other than the Client, with the Client's permission within twenty working days (i.e.,not including weekends and holidays) from the date the review request is filed verbally or in writing with the LCBMH.
- H. The Client or Griever may contact any of the following if not satisfied with the resolution/response from the LCBMH Clinical Team:
1. Ohio Department of Mental Health
30 East Broad Street
8th Floor
Columbus, Ohio 43266-0414
(877) 275-6364

2. Ohio Legal Rights Service
8 East Long Street
5th Floor
Columbus, Ohio 43215-2999
(614) 466-7264

3. Attorney General's Office
Medicaid Fraud Control Section
30 East Broad Street
17th Floor
Columbus, Ohio 43266-0410
(614) 466-4320

4. Governor's Office of Advocacy for People with Disabilities
35 East Chestnut Street
Columbus, Ohio 43215-2541
(614) 466-9956

- 5 U. S. Department of Health & Human Services
Office for Civil Rights, Region V
300 South Wacker Drive
Chicago, Illinois 60606
(312) 353-1711

6. Counselor, Social Worker and Marriage and Family Therapist Board
77 South High Street
Columbus, Ohio 43266
(614) 466-0912

7. State Medical Board
77 South High Street
17th Floor
Columbus, Ohio 43266-0315
(614) 466-3934

8. Nursing Education & Nurse Registration Board
77 South High Street
17th Floor
Columbus, Ohio 43266-0316
(614) 466-3947

9. State Board of Psychology
77 South High Street
18th Floor
Columbus, Ohio 43266-0321
(614) 466-880