(A) Policy Statement

All clients will be informed of their rights and the procedure for complaints and grievances. A copy of these rights and procedures will be given to the clients.

(B) Purpose of Policy

To specify all client rights and to ensure clients are informed of these rights, that clients adequately understand these rights and that clients understand the grievance procedure. Grievance procedure ensures all client concerns are addressed in a timely and appropriate manner and maintains consistency in addressing client concerns.

(C) Definitions

*Grievance*: a written complaint initiated either verbally or in writing by a client or by any other person or provider on behalf of a client regarding denial or abuse of any Rights as outlined in the Ohio Revised Code and Ohio Administrative Code that apply to consumers receiving mental health services

*Complaint*: Any other concern that is not a grievance as defined above.

(D) Client Rights as defined by 5122-26-18 -

Each outpatient client has the right to the following:

1. The right to be treated with consideration and respect for personal dignity, autonomy, and privacy;
2. The right to reasonable protection from physical, sexual, or emotional abuse and inhumane treatment;
3. The right to receive services in the least restrictive, feasible environment
4. The right to participate in any appropriate and available service that is consistent with an individual service plan (ISP), regardless of the refusal of any other service, unless that service is a necessity for clear treatment reasons and requires the person’s participation;
5. The right to give informed consent to or to refuse any service, treatment, or therapy, including medication absent an emergency;
6. The right to participate in the development, review and revision of one’s individualized treatment plan that addresses needs and responsibilities, and receive a copy of it;
7. The right to freedom from unnecessary or excessive medication, and to be free from restraint or
seclusion unless there is immediate risk of physical harm to self or others;
8. The right to be informed and the right to refuse any unusual or hazardous treatment procedures;
9. The right to be advised and the right to refuse observation by others and by techniques such as one-way vision mirrors, tape recorders, video recorders, television, movies, photographs or other audio and visual technology. The right does not prohibit an agency from using close-circuit monitoring to observe seclusion rooms or common areas, which does not include bathrooms or sleeping area;
10. The right to confidentiality of communications and personal identifying information within the limitations and requirements for disclosure of client information under state and federal laws and regulations;
11. The right to have access to one's own client record unless access to certain information is restricted for clear treatment reasons. If access is restricted, the treatment plan shall include the reason for the restriction, a goal to remove the restriction, and the treatment being offered to remove the restriction;
12. The right to be informed in a reasonable amount of time in advance of the reason for terminating participation in a service and to be involved in planning for the consequences of that event, and to be provided a referral, unless the service is unavailable or not necessary;
13. The right to be informed of the reason for denial of a service;
14. The right not to be discriminated against for receiving services on the basis of race, ethnicity, age, color, religion, gender, national origin, sexual orientation, physical or mental handicap, developmental disability, genetic information, human immunodeficiency virus status, or in any manner prohibited by local, state, or federal laws;
15. The right to know the cost of service;
16. The right to be verbally informed of all rights, and to receive a written copy upon request;
17. The right to exercise one's own rights without reprisal, except that no right extends so far as to supersede health and safety considerations;
18. The right to file a grievance;
19. The right to have oral and written instructions concerning the procedure for filing a grievance, and to have assistance in filing a grievance if requested;
20. The right to be informed of one's own condition;
21. The right to consult with an independent treatment specialist or legal counsel at one's own expense.

In addition to the above, each person who accesses inpatient mental health services has these additional rights:
1. The right to be informed within twenty-four hours of admission of their rights and request a written copy of these rights;
2. The right to receive information in language and terms appropriate for the patients understanding;
3. The right to speak to a financial counselor;
4. The right to reasonable privacy and freedom from excessive intrusion by visitors, guests, and non-hospital surveyors, contractors, construction crews or others;
5. The right to confidentiality unless a release or exchange of information is authorized and the right to request to restrict treatment information being shared;
6. The right to be informed of the circumstances under which the hospital is authorized or intends to release, or has released, confidential information without written consent for the purposes of continuity of care;
7. The right to have a grievance reviewed through the grievance process, including the right to appeal a decision;
8. The right to exercise rights without reprisal in any form including the ability to continue services with uncompromised access. No right extends so far as to supersede health and safety considerations;
9. The right to have no conflicts of interest – no inpatient service provider employee may be a person's guardian or representative if the person is currently receiving services from said provider;
10. The right to receive humane services in a comfortable, welcoming stable and supportive environment;
11. The right to refrain personal property and possession, including a reasonable sum of money, consistent with the person's health, safety, service/treatment plan and developmental age;
12. The right to formulate advance directives, submit them to hospital staff, and rely on practitioners to follow them within the parameters of the law;
13. The right to not be compelled to perform labor which involves the operation, support, or maintenance of the facility. Privileges or release from the hospital shall not be conditional upon the performance of such labor;

14. The right, when on voluntary admission status to decline medication, unless there is imminent risk of physical harm to self or others; or

15. The right when hospitalized by order of a probate or criminal court to decline medication unless there is imminent risk of harm to self or others, or through an order by the committing court, except that involuntary medication is not permitted, unless there is imminent risk of harm to self or others, for persons admitted for sanity evaluation under division (G) (4) of section 2945.371 of the Revised Code. The inpatient service provider shall provide an opportunity for informed consent.

16. The right to enjoy freedom of thought, conscience, and religion; including religious worship within the hospital, and services or sacred texts that are within the reasonable capacity of the hospital to supply, provided that no patients shall be coerced into engaging in any religious activities;

17. The right to communicate freely with and be visited at reasonable times by private counsel or personnel of the legal rights service and, unless prior court restriction has been obtained, to communicate freely and be visited at reasonable times by a personal physician or psychologist;

18. The right to communicate freely with others, unless specifically restricted in the patient’s service/treatment plan for reasons that advance the personal goals. This includes the right to have access to telephones to make and receive confidential calls, to letter writing materials, including a reasonable number of stamps without cost if unable to pay, to privacy to meet with visitors and/or receive phone calls for adults and for minors to communicate with family, guardian outside the hospital in accordance with the minors individualized service plan; to send or receive mail will be subject to directives from the parent or legal custodian when such directives do no conflict with federal postal regulations;

19. The right to have a physician, family member, or representative notified promptly upon admission to a hospital.

(D) Procedure

1. A copy of the client rights and the grievance procedure is posted in a conspicuous location in each building operated by the agency. This includes the name, title, location, hours of availability, and telephone number of the Client Rights Officer with a statement of that person’s responsibility to accept and oversee the process of any grievance filed by a client or other person or agency on behalf of a client; and assurance that staff will explain any and all aspects of client rights and the grievance procedure, upon request.

2. Specifications of client rights are distributed to each client in writing and orally at admission/intake appointment, upon verification of their registration information. In a crisis or emergency situation, client shall be verbally advised of at least the immediately pertinent rights, such as the right to consent to or to refuse the offered treatment and the consequences of that agreement or refusal. Written copy and full verbal explanation of the client rights may be delayed to a subsequent meeting.

3. Every staff person, including administrative and support staff, is familiar with all specific client rights, as well as the complaint and grievance procedure. When a concern is communicated to any staff person, that staff person will immediately investigate or ask his/her supervisor to do so. All attempts will be made to remedy the concern at that time or as soon as possible.

4. If the concern is unable to be resolved at the point of service or is a grievance as defined in the policy, the concern can be elevated to Client Rights Officer.

5. Every staff person, including administrative and support staff, has a clearly understood specified, continuing responsibility to immediately advise any client or any other person who is articulating a complaint or grievance, about the name and availability of the Agency’s Client Rights Officer and the complainant’s right to file a grievance, if appropriate.

6. The agency shall provide assistance in filing the grievance if needed, shall investigate the grievance on behalf of the griever, and shall represent the griever at the agency hearing on the grievance if desired by
the griever. The Client Rights Officer is the individual designated to provide the above activities.

7. The grievance procedure will include an explanation of the process from the original filing of the grievance to the final resolution, which shall include reasonable opportunity for the griever and/or his designated representative to be heard by an impartial decision-maker.

8. The Client Rights Officer will investigate the grievance and will contact the client and try to resolve the grievance to client’s satisfaction, with resolution not to exceed twenty-one working days from the date of filing the grievance. Written notification and explanation of the resolution will be provided to the client, or to the griever if other than the client, with the client’s permission. The written response must contain the name of the contact person, the steps taken on behalf of the client to investigate the grievance, the results of the grievance process, and the date of completion.

9. Clients have the opportunity to file a grievance within a reasonable period of time from the date the grievance occurred. The client has the option to initiate a complaint with any or all of several outside entities: specifically the Lucas County Mental Health and Recovery Services Board, the Ohio Department of Mental Health and Addiction Services, the Ohio Legal Rights Service, the US Department of Health and Human Services, and appropriate professional licensing or regulatory associates. Agency will provide upon request, all relevant information about the grievance to one or more of the organizations specified above to which the client has initiated a complaint.

10. If Client Rights Officer is unavailable or is the subject of the grievance the Nursing Director and/or Agency Executive Director shall act as the Client Rights Officer for the client in this situation. If the Nursing Director and/or Agency Executive Director is the subject of the grievance the Chairperson of the Department of Psychiatry shall act as the Client Rights Officer for the client in this situation.

11. The agency shall provide for the Client Rights officer to take all necessary steps to assure compliance with the grievance procedure.

12. The Client Rights Officer shall assure the keeping of records of complaints and grievances received for at least two years from resolution and will include a copy of the grievance, documentation reflecting process used and resolution/remedy of the grievance, and documentation, if applicable, of extenuating circumstances for extending the time period for resolving the grievance beyond twenty-one calendar days. The records shall be available for review by the community mental health board and the Ohio Department of Mental Health and Addiction Services upon request.

13. Information regarding client grievances is reported quarterly to the Departmental Performance Improvement Committee and to the Lucas County Mental Health and Recovery Services Board. Trend information regarding the nature of the grievance is tracked over time.

14. Issues regarding the use and disclosure of protected health information (PHI) are resolved by the Client Rights Officer in conjunction with University of Toledo Compliance/Privacy Officer. There will be no retaliation against any individual who exercises his/her right to file a complaint.

15. All complaints or grievances involving safety, substandard care or incorrect diagnosis while being handled through this grievance process will also be forwarded to University of Toledo Medical Center’s Quality Department for incorporation into University of Toledo Medical Center’s quality assessment and Performance Improvement Committee.

16. Since protective services are not directly provided, the staff helps determine the need for such services and establishes necessary referral channels. A list of resources is available to give to clients, although the University of Toledo Medical Center does not accept any responsibility for these agencies.
Approved by:

Moneca Smith, MSN, RN
Director of Nursing/Chief Nursing Officer

Mario B. Tamburino, MD
Chairman/Medical Director
Department of Psychiatry/ODMH Certified Services

Virginia D. York, LPC
Agency Executive Director
Department of Psychiatry/ODMH Certified Services

Review/Revision Completed By:
Kobecker Administration

Review/Revision Date:
09/2001
08/2002
08/2005
02/2006
12/2007
10/2/2010
10/1/2013
01/03/2014
04/04/2014
07/16/2014
05/9/2017

Next Review Date: 05/09/2020

Policies Superseded by This Policy: 42-27, 3364-122-05, ODMH-SD-112, 3364-160-SD-112