



request. Specifications of client rights are distributed to each patient in writing and orally within 24 hours of admission. Throughout the hospital stay, treatment staff shall also work with the patient to assist them in understanding and exercising patient rights. In a crisis or emergent situation, patient 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.

2. 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 attempt to resolve the concern, 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.
3. 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.
4. Every staff person, including administrative and support staff, has a clearly understood specified, continuing responsibility to immediately advise any patient or any other person who is articulating a complaint or grievance, about the name and availability of the Client Rights Officer and the complainant's right to file a grievance.
5. The treatment staff shall aid in filing the grievance if needed, shall investigate the grievance on behalf of the griever, and shall represent the patient on the grievance if desired by the griever. The Client Rights Officer is the individual designated to provide the above activities.
6. 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.
7. The Client Rights Officer will investigate the grievance and will contact the patient and try to resolve the grievance to patient's satisfaction within 24 business hours of being notified of the grievance. On average, a time frame of seven (7) days to resolve would be considered appropriate. If the grievance will not be resolved, or if the investigation is not or will not be completed within seven (7) days, the patient or the patient's representative will be notified that the hospital is still working to resolve the grievance and that there will be a written response within a stated number of days. Notification and explanation of the resolution will be provided to the patient, or to the griever if other than the patient, with the patient's permission. The written response must contain the name of the contact person, the steps taken on behalf of the patient to investigate the grievance, the results of the grievance process, and the date of completion. In circumstances when a grievance is filed via email, the response may be submitted via email.
8. Patients have the opportunity to file a grievance within a reasonable period of time from the date the grievance occurred. The patient 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. The hospital will provide, upon request, all relevant information about the grievance to one or more of the organizations specified above to which the patient has initiated a complaint.
9. If the Client Rights Officer is unavailable or is the subject of the grievance, the Patient Advocate Team shall act as the Client Rights Officer for the patient in this situation.
10. The Client Rights Officer shall maintain a log available for department review of patient grievances, including all allegations of denial of patient rights as identified by patients, family members of patients, significant other, or other persons.
11. Information regarding client grievances is reported quarterly to the Departmental Performance Improvement Committee. Trend information regarding the nature of the grievance is tracked over time.
12. 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.

