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I. Client Bill of Rights

A. The Right to Dignity and Respect

- ✚ Dignity, Respect, Autonomy, and Privacy
- ✚ Service in a Humane Setting with the Greatest Possible Freedom

B. The Right to Informed Choice and Treatment

- ✚ Information of Current/Suggested Services
- ✚ Accept or Reject Any Service
- ✚ Current, Written, Individualized Service Plan
- ✚ Active and Informed Participation
- ✚ Participation in Any Service Even if Other Services are Refused
- ✚ Advance Notice if Any Services Are to be Discontinued
- ✚ Clear Explanation of Denial of Any Service

C. The Right to Freedom

- ✚ Unnecessary Medication
- ✚ Unnecessary Restraint and Seclusion
- ✚ Unusual or Dangerous Treatment
- ✚ Intrusion of One-Way Mirrors, Photographs, Tape Recorders (audio or visual) and Movies

D. The Right to Personal Liberties

- ✚ Consultation
- ✚ Confidentiality
- ✚ Read and Get Copies of Psychiatric, Medical or Other Treatment Records
- ✚ Non-Discrimination
- ✚ Know the Cost of Services

E. The Right To Freely Exercise All Rights

- ✚ Fully Informed of All Rights
- ✚ Exercise Any and All Rights Without Being Threatened or Punished
- ✚ File a Grievance
- ✚ Have Oral and Written Instructions for Filing a Grievance

II. Client Rights and Grievance Procedures

A. Purpose

To protect and enhance the rights of persons applying for or receiving mental health, alcohol or drug addiction services in Wood County.

B. Policy

It is the policy of the Board that the Board and all agencies funded by the Board notify clients of their rights and provide a mechanism for grievance resolution which meet the criteria established by the Ohio Department of Mental Health and/or Ohio Department of alcohol and Drug Addiction services.

C. Responsibilities

1. A statement of "*Clients Bill of Rights*" and the Board's "*Client Grievance Procedure*" will be posted in a conspicuous place in the office and distributed upon request.
2. A Client Rights Officer and an alternate will be appointed to administer this policy and to provide explanation to clients and other members of the community as needed.
3. The Clients Rights Officer will keep a record of all grievances filed with the Board and information on the resolution of the grievances. This information will be made available, upon request, to the Ohio Department of Mental Health or the Ohio Department of Alcohol and Drug Addiction Services.
4. The Board will assure that all staff is fully informed of client rights and the grievance procedure.
5. The Board will annually monitor the implementation of the client rights policy and grievance procedures for each of our contract agencies, using the "*Clients Rights and Grievance Preview Review checklist*"). The Board shall receive annually, from each contract agency, a summary of the number of grievance received, type of grievances, and resolution status of the grievances.

III. Client Grievance Procedure

As part of our commitment to client rights, the Wood County Alcohol, Drug Addiction and Mental Health Services Board has developed procedures to address incidents when rights may have been denied or abused. A Clients Rights Officer and an alternate Client Rights Officer has been appointed to assure compliance with the Client Rights Policy and Grievance Procedure. The Client Rights Officer is available to explain rights and assist clients with filing a grievance (A grievance may be filed by someone other than the client, on the client's behalf, if the client has given permission).

CLIENT RIGHTS OFFICER:	Tom Clemons
TITLE:	Executive Director
ALTERNATE CLIENT RIGHTS OFFICER:	Lorrie Lewandowski
TITLE:	Associate Director
LOCATION:	745 Haskins Road Bowling Green, OH 43402
TELEPHONE NUMBER:	(419) 352-8475
HOURS OF AVAILABILITY:	8:00 am to 4:00 pm Monday through Friday

Although the grievance may be filed any time after the alleged abuse or denial of rights, the Board recommends that the grievance be filed as soon as possible to achieve a full resolution that is not altered or unattainable because of the passage of time. Grievances against an agency may be filed with the Board without using the agency's grievance procedure; however. The Board recommends considering use of the agency's grievance procedure as this may provide for a more efficient investigation and resolution.

The following procedure should not exceed twenty (20) working days from the time the grievance was filed to the resolution:

IV. Clients Rights And Grievance Procedures Review List

Wood County Alcohol, Drug Addiction and Mental Health Services Board

Name of Agency: _____

Rights/Policy	Yes	No
A. Are all client rights listed?	<input type="checkbox"/>	<input type="checkbox"/>
B. Name, title, location, hours of availability, and phone- number of Clients Rights Officer (CRO).	<input type="checkbox"/>	<input type="checkbox"/>
C. Statement of CRO's responsibilities	<input type="checkbox"/>	<input type="checkbox"/>
D. Does policy indicate the following:		
1. Rights policy distributed to each client at intake or next subsequent appointment?	<input type="checkbox"/>	<input type="checkbox"/>
2. Does policy indicate immediately pertinent rights for crisis or emergencies?	<input type="checkbox"/>	<input type="checkbox"/>
3. Do community services clients receive a copy of the policy upon request?	<input type="checkbox"/>	<input type="checkbox"/>
4. Is client rights policy posted in conspicuous location in building?	<input type="checkbox"/>	<input type="checkbox"/>
5. Is there a statement of training for staff on the Policy?	<input type="checkbox"/>	<input type="checkbox"/>
Grievance Procedure		
A. Statement that agency will assist in areas of:		
1. Filing a grievance, if needed?	<input type="checkbox"/>	<input type="checkbox"/>
2. Investigate on behalf of the grievant?	<input type="checkbox"/>	<input type="checkbox"/>
3. Agency representation for the grievant at the agency hearing, if desired by grievant?	<input type="checkbox"/>	<input type="checkbox"/>
B. Clear statement of the following:		
1. Who to grieve to?	<input type="checkbox"/>	<input type="checkbox"/>
2. Title of person?	<input type="checkbox"/>	<input type="checkbox"/>
3. Location (where client goes to grieve)?	<input type="checkbox"/>	<input type="checkbox"/>
4. Hours of availability?	<input type="checkbox"/>	<input type="checkbox"/>
5. Phone number?	<input type="checkbox"/>	<input type="checkbox"/>
6. Is the grievance process understandable from beginning to end?	<input type="checkbox"/>	<input type="checkbox"/>
7. Is there a reasonable opportunity for the grievant and/or designated representative to be heard by an impartial decision maker?	<input type="checkbox"/>	<input type="checkbox"/>

8. Are there timelines for resolving the grievance, not to exceed 20 working days from filing date?	<input type="checkbox"/>	<input type="checkbox"/>
9. Does the agency provide written notification and explanation of the resolution to the client, or grievant, if other than client?	<input type="checkbox"/>	<input type="checkbox"/>
10. Is the “reasonable period of time” for filing a grievance indefinite?	<input type="checkbox"/>	<input type="checkbox"/>
11. Is there a statement of options of outside entities to grieve to?	<input type="checkbox"/>	<input type="checkbox"/>
Are the following provisions being met?		
1. Are copies of procedures to be distributed upon request?		
2. Are there provisions for prompt accessibility of CRO?		
3. Are there provisions for alternative arrangements for filing a grievance regarding a CRO?		
4. Are there provisions for in-service training of staff?		
5. Is there a statement of full support of CRO to take all necessary steps to assure compliance with the grievance procedure?		

Comments:

Board Procedure		
C. Does the procedure for addressing complaints include:		
1. Provision for accessing agency information relevant to complaint?	<input type="checkbox"/>	<input type="checkbox"/>
2. Written copy of the Board’s Grievance procedure available on request?	<input type="checkbox"/>	<input type="checkbox"/>
3. Timelines to resolve grievance, not to exceed 20 working days?	<input type="checkbox"/>	<input type="checkbox"/>
4. Provision for written notification or explanation of results to client, or grievant, with client’s permission?	<input type="checkbox"/>	<input type="checkbox"/>
5. Statement of outside entities available to grievant?	<input type="checkbox"/>	<input type="checkbox"/>
6. Provision for providing information about a specific grievance to one or more outside entities?	<input type="checkbox"/>	<input type="checkbox"/>

Comments:

Reviewer

Date

V. Client Grievance Procedure Release Of Information

I, _____ ,
authorize _____ to release
information contained in my clinical record or any other records kept by the
agency, that may be pertinent to an investigation of a grievance by the Wood
County Alcohol, Drug Addiction and Mental Health Services Board.

Information to be released:

This information may/may not also be released to
_____, who is grieving on my behalf.

Signed:

Signature of legal Guardian or Parent (where
required)

Date: _____

Witnessed:

This consent is subject to revocation at any time except to the extent that the
program, which is to make the disclosure, has already taken action in reliance
on it. If not previously revoked, this consent will terminate upon:

Specific date, event, or condition)

VI. Board Grievance/Complaint Form

Wood County Alcohol, Drug Addiction and Mental Health Services Board

BOARD GRIEVANCE/COMPLAINT

(Please complete and fax to 419-352-3349)

Date Received:

Person Contacting Board:

Client: Yes No

On Behalf Of Client:

Parent Neighbor Spouse Roommate Employer Other

Phone Number:

Address:

Agency Involved: BC

Specific Program:

Staff Involved:

Location Of Services:

Primary:

Satellite:

Complaint Or Formal Grievance

Nature Of Grievance/Complaint:

Have Any Agency Personnel Being Contacted About This Issue: Yes No

Provider: BC Supervisor: Clients Rights Officer:

Desired Resolution: What Would The Person Like To Have Happen To Resolve The Issue?

Status:

Referred To:

Investigation Scheduled:

Forwarded To Agency CRO:

Forwarded To Board CRO:

Written Acknowledgment Of Grievance Mailed (Within 3 Days Of Receipt): Yes No

Other:

Resolution Including Date Resolved:

Written Response To Grievance Provided Within 21 Calendar Days Of Grievance:

Yes No Receipt Date:

Final Outcome And Date Of Disposition:

Date Of Appeal:

Completed By:

Name And Title