



Psychiatric Emergency Services  
10 Penfield Avenue  
Akron, OH 44310  
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## **CLIENT RIGHTS POLICY AND GRIEVANCE PROCEDURE PATIENT HANDOUT**

As a contract agency of the County of Summit Alcohol, Drug Addiction and Mental Health Services Board through the Ohio Department of Mental Health and Addiction Services, people who use or apply for or are treated through our services are protected through a set of rights and procedures through Ohio Administrative Code, 5122-26-18, effective March 1, 2012.

All staff persons of the agency is familiar with all specific client rights and the grievance procedure and can explain the client rights to a person who receives services from this agency, However, there is a specific person called the Client Rights Officer who oversees the grievance process. It is 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. At Portage Path Behavioral Health Psychiatric Emergency Services, the Client Rights Officer is:

**Adam Kulesza, Chief/Coordinating Client Rights Officer                      330-253-3100**  
*Available Monday through Friday from 8:30 a.m. to 4:00 p.m. .*

When a person is new to the agency, they will have their client rights explained to him or her. Those rights will again be examined during the treatment plan yearly review. The rights are also posted in a conspicuous, public area of each building operated by the agency and anyone may request a copy of them upon request.

In the case of services that are of an informational, referral, consultation, educational and prevention nature, as described in Chapter 5122-29 of the Administrative Code, persons experiencing those services may have a copy and explanation of the client rights police upon request.

In a crisis or emergency situation, the person using or applying for the services shall be verbally advised of at least the immediate pertinent rights, such as the right to consent to or to refuse the offered treatment and the consequences of that agreement or refusal. Full verbal explanation of the client rights policy may be delayed to a subsequent meeting.

The following definitions may help in understanding the grievance process. They are in addition to or supersede the **definitions** in rule 5122-24-01 of The Ohio Administrative Code.

1. **Client:** An individual applying for or receiving mental health services from a board or mental health agency.
2. **Client Rights Specialist:** The individual designated by a mental health agency or board with responsibility for assuring compliance with the client rights and grievance procedure rule as implemented within each agency or board. For these purposes the individual holds the title of client rights officer.
3. **Contract agency:** A public or private service provider with which a community mental health board enters into a contract for the delivery of mental health services. A board which is itself providing mental health services is subject to the same requirements and standards which are applicable to contract agencies, as specified in rule 5122:2-1-05 of the Administrative Code.
4. **Grievance:** A written 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.
5. **Reasonable:** A standard for what is fair and appropriate under usual and ordinary circumstances.
6. **Services:** The complete array of professional interventions designed to help a person achieve improvements in mental health such as counseling, individual or group therapy, education, community psychiatric supportive treatment, assessment, diagnosis, treatment planning and goal setting, clinical review, psychopharmacology, discharge planning, professionally-led support, etc.

### **THE GRIEVANCE PROCEDURE**

The grievance procedure of Portage Path Behavioral Health applies to all people receiving services as described in the Client Rights Policy. At any point if the grievor needs assistance with their grievance, that assistance will be available to them. All staff can assist a person with the filing of a grievance if necessary.

There are a specific set of rights afforded to each person who participates in or applies for services at any contract agency of the County of Summit Alcohol, Drug Addiction and Mental Health Services Board, through the Ohio Department of Mental Health and Addiction Services.

## CLIENT RIGHTS (Community)

Except for clients receiving forensic evaluation service as defined in rule 5122-29-07 of the Administrative Code, from a certified forensic center, each client has all of the following twenty-five rights as listed in paragraphs (D)(1) to (D)(15) of this rule. Rights of clients receiving only a forensic evaluation service from a certified forensic center are specified in paragraph (E) of this rule.

1. All who access mental health services are **informed of these rights**.
  - a. The right to be informed of the rights described in this rule prior to consent to proceed with services, and the right to request a written copy of these rights.
  - b. The right to receive information in language and terms appropriate for the person's understanding.
  - c. The right to be fully informed of the cost of services.
2. Services are appropriate and respectful of **personal liberty**.
  - a. The right to be treated with consideration, respect for personal dignity, autonomy and privacy and within the parameters of relevant sections of the Ohio Revised Code and the Ohio Administrative Code.
  - b. The right to receive humane services
  - c. The right to participate in any appropriate and available service that is consistent with an individual service/treatment 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.
  - d. The right to reasonable assistance, in the least restrictive setting; and
  - e. The right to reasonable protection from physical, sexual and emotional abuse, inhumane treatment, assault, or battery by any other person.
3. Development of **service plans**:
  - a. The right to a current ISP that addresses the needs and responsibilities of an individual that specifies the provision of appropriate and adequate services, as available, either directly or by referral; and
  - b. The right to actively participate in periodic ISP reviews with the staff including services necessary upon discharge.
4. **Declining or consenting to services**:
  - a. The right to give full informed consent to any service including medication prior to commencement and the right to decline services including medication absent an emergency.
  - b. The right to be advised of and refuse observation by techniques such as one-way vision mirrors, tape recorders, televisions, movies or photographs, or other audio and visual technology. This right does not prohibit an agency from using close-circuit monitoring to observe seclusion rooms or common areas, which does not include bathrooms: and
  - c. The right to decline any hazardous procedures.
5. **Restraint or Seclusion**:

The right to be free from restraint or seclusion unless there is imminent risk of physical harm to self or others.
6. The right to reasonable **privacy and freedom** from excessive intrusion by visitors, guests and non-agency surveyors, contractors, construction crews or others.
7. **Confidentiality**:
  - a. The right to confidentiality unless a release or exchange of information is authorized and the right to request to restrict treatment information being shared; and
  - b. The right to be informed of the circumstances under which an agency is authorized or intends to release, or has released, confidential information without written consent for the purposes of continuity of care as permitted by division (A)(7) of section 5122.31 of the Ohio Revised Code.
8. **Grievances**

The right to have the grievance procedure explained orally and in writing, the right to file a grievance, with assistance if requested; and the right to have a grievance reviewed through as grievance process, including the right to appeal a decision.
9. **Non-discrimination**

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

10. **No reprisal** for exercising rights:

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.

11. **Outside Opinions:**

The right to have the opportunity to consult with independent specialists or legal counsel at one's own expense.

12. **No conflicts of interest:**

No agency employee may be a person's guardian or representative if the person is currently receiving services from said facility.

13. **Access to records:**

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. If access is restricted, the treatment plan shall also include a goal to remove the restriction.

14. **Discontinuation of Service**

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.

15. **Denial of Service**

The right to receive an explanation of the reasons for denial of service.

16. The right to **know the cost of services**

**5122-30-22 (D) Residential Rights**

1. Each consumer of mental health services is **informed of these rights.**

- a. The right to receive humane services in a comfortable, welcoming, stable and supportive environment; and
- b. The right to retain personal property and possessions, including a reasonable sum of money, consistent with the person's health, safety, service plan a developmental age;
- c. The right to reside in a residential facility, as available and appropriate to the type of care or services that the facility is licensed to provide, regardless of previous residency, unless there is a valid and specific necessity which precludes such residency. This necessity shall be documented and explained to the prospective resident.
- d. The right to receive thirty days prior notice for termination of residency in type 2 and 3 residential facilities except in an emergency; and
- e. The right to vacate the facility at any time, except that the responsibility to pay for incurred costs of room and board shall continue unless appropriate notification has been provided to the facility concerning the termination of the residential agreement.

2. Development of **service plans:**

The right to formulate advance directives, submit them to residential staff and rely on practitioners to follow them when within the parameters of the law.

3. **Labor of residents:**

The right not to be compelled to perform labor which involves the operation, support, or maintenance of the facility for which the facility is under contract with an outside organization. Privileges or release from the facility shall not be conditional upon the performance of such labor. (Residents still may have daily chores).

4. **Decline or consent to services:**

- a. The right to consent to or refuse the provision of any individual personal care activity and/or mental health services in a type 1 and type 2 facility;
- b. The right to refuse consent for major aversive intervention as defined in 5122-26-16 governing seclusion and restraint.
- c. The right to decline medication, except in a type 1 facility which employs staff authorized by the Ohio Revised Code to administer medication and when there is imminent risk of physical harm to self or others.

**5. Privacy, dignity, worship and social interaction:**

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

**6. Private conversation and access to phone, mail and visitors – adults**

a. The right of an adult to reasonable privacy and the freedom to meet with visitors, guests or inspectors and make and or receive phone calls;

b. The right of an adult to write or receive uncensored, unopened correspondence subject to the facility's rules regarding contraband.

**7. Private conversation and access to phone, mail and visitors – minors**

a. The right of a minor in a type 1 or type 2 facility to meet with surveyors, and the right to communicate with family, guardian, custodian, friends and significant others outside the facility in accordance with the minor's individualized service plan.

b. The right of a minor in a type 1 or type 2 facility to send or receive mail subject to the facility's rules regarding contraband and directives from the parent or legal custodian, when such rules and directives do not conflict with federal postal regulations.

**8. Private conversation and access to phone, mail and visitors – all.**

a. 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 with and be visited at reasonable times by a personal physician or psychologist;

b. The right to communicate freely with others, unless specifically restricted in the resident of a type 1 facility's treatment plan for reasons that advance the person's goals, including, without limitation, the following:

- (i) The right to receive visitors at reasonable times
- (ii) The right to have reasonable access to telephones to make and receive confidential calls, including a reasonable number of free calls if unable to pay for them and assistance in calling if requested and needed and:

c. The right to have ready access to letter writing materials, including a reasonable number of stamps without cost if unable to pay for them, and to mail and receive unopened correspondence and assistance in writing if requested and needed subject to the facility's rules regarding contraband.

**9. Notification to family or physician:**

The right to have a physician, family member, or representative of the resident's choice notified promptly upon admission to a facility.

**10. The right to know the cost of services**

**TO FILE A GRIEVANCE**

1. "Complaint" (0054) forms are available in the main waiting rooms in each clinic, upon request, or when a concern is expressed. (OMHAS)
2. The complainant may file a grievance at any time he/she chooses. (OMHAS) This includes individuals in Education (Community Services) activities, other agencies, or client's significant others.
3. The complainant may submit the completed form to any staff member or return it to the agency by mail. The original of all "Complaint" forms will be directed to and retained by the Client Rights Officer.
4. Copies of the complaint will be distributed to the Vice President of Clinical Services and the Quality Improvement Director. If a complaint is submitted about a staff member, copies of the complaint and responses will be forwarded to that individual and the staff member's Team Coordinator or supervisor. If the complaint is directed towards aspects of services other than Client care, such as the physical facilities or financial issues, a copy will be provided to the appropriate staff members of follow-up.
5. If the complainant cannot be reached by phone or fails to keep the appointment scheduled with the Client Rights Officer, depending on the nature of the complaint, either a proposed resolution will be sent or the complainant will be notified in writing of the further action that is needed in order to allow the Officer to continue to pursue the grievance.

## STAFF RESPONSIBILITY

1. All staff, including clinical, support, and administrative, will be sufficiently familiar with the Clients Rights and Grievances process that she/he will implement Client Rights, explain the complaint process, instruct individuals in how to file a complaint, and provide assistance in completion of the "Complaint" form upon request. (OMHAS)
2. Every staff person, including clinical, administrative, and support staff, has a continuous responsibility to immediately advise anyone articulating a concern or complaint of the complainant's right to file a grievance, the process for filing a complaint, and the name and availability of the Client Rights Officer. (OMHAS)

The grievance will be resolved within twenty working days from the time of the filing of the grievance.

1. When the grievance is complete, there will be a written explanation of the resolution, or to the griever if other than the client with the client's permission.
2. The grievance should be filed within a reasonable period of time from the date the grievance occurred.
3. It is also possible for the griever to initiate a complaint with any or all of several outside entities, specifically the County of Summit Alcohol, Drug Addiction and Mental Health Services Board, the Ohio Department of Mental Health and Addiction Services, The Ohio Legal Rights Service, The U.S. Department of Health and Human Services and appropriate professional licensing or regulatory associations. A list of relevant addresses and telephone numbers are included with this document.
4. If the griever contacts one of the outside entities above, all relevant information about the grievance shall be provided, upon request, to one or more of those organizations.

## GRIEVANCE PROCESS

### INITIAL GRIEVANCE STEP

1. As the first response to a grievance, if necessary, the Client Rights Officer will talk with the complainant to explore issues, clearly define the problem, and explain the entire grievance process. The results of this conversation will be documented on a "Progress Note."
2. If the complainant determines that this clarification process has been sufficient in addressing his/her concern, he/she will make such a statement under "Complainant Response" and sign the "Complaint Response" form.
3. As part of this initial step, if relevant, the Client Rights Officer may also speak to the involved staff.

### SECOND STEP

1. If resolution cannot be obtained as a result of this intervention, the Client Rights Officer and the appropriate Team Coordinator or supervisor will jointly investigate the complaint and assess the situation. (OMHAS)
2. If the Team Coordinator or supervisor is directly involved in the complaint, another representative will be appointed by the Vice President of Clinical Services.
3. These findings and the resultant recommendations will be summarized on the "Complaint Response" form and explained to the complainant. If in agreement, the complainant will document this and sign the response form.

### THIRD STEP / IMPARTIAL DECISION MAKER

1. If the grievance is not resolved, the complainant has the option to proceed to step three where the Client Rights Officer will forward the grievance to a designated member of Clinical Administration for further evaluation.
2. The Administrator will act as impartial decision-maker and will provide the opportunity for the griever and/or his/her designated representative to be heard. (OMHAS)
3. After review and further investigation, if needed, the Administrator may concur with or alter the presented recommendations. The Client Rights Officer will continue to advocate for and inform the complainant.
4. The Administrator's findings and recommendations will be documented on a third "Complaint Response". If in agreement, the complainant will document this by signing the response form.

### FINAL STEP

1. If still unresolved, the Client Rights Officer will forward the grievance to the Portage Path President who will hold a hearing.
2. The complainant may request agency representation at this hearing. (OMHAS)

3. The President may hear the information or he may request the assistance of several objective individuals.
4. The President will respond within five days of the hearing. His statement will be considered final. It will be documented on a fourth "Complaint Response" form and reviewed with the complainant.

#### **COMPLAINT REFERRAL**

1. If the complainant was not satisfied with the results of the agency's final resolution step, he/she will be referred to the Mental Health Association's Ombudsman, County of Summit Alcohol, Drug Addiction, and Mental Health Board, the Ohio Department of Mental Health, the Ohio Legal Rights Services, and the U.S. Department of Health and Human Services to continue to pursue the complaint.
2. The specific information will be furnished through provision of a copy of the "Resource" list with these and other applicable addresses.
3. All relevant "Complaint" and "Complaint Response" forms will be released to one of these designated agencies upon complainant request and signature. (OMHAS)