

Client Rights and Grievances

- 1.) The right to be treated with consideration and respect for personal dignity, autonomy and privacy.
- 2.) The right to receive services in the least restrictive, feasible environment.
- 3.) The right to be informed of one's own condition.
- 4.) The right to be informed of available program services.
- 5.) The right to give consent or to refuse any service, treatment or therapy.
- 6.) The right to participate in the development, review and revision of one's own individualized treatment plan and receive a copy of it.
- 7.) The right or freedom from unnecessary or excessive medication, unnecessary physical restraint or seclusion.
- 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 or photographs
- 10.) The right to consult with an independent treatment specialist or legal counsel at one's own expense.
- 11.) 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.
- 12.) The right to have access to one's own client record in accordance with program procedures.
- 13.) The right to be informed of the reason(s) for terminating participation in a program.
- 14.) The right to be informed of the reason(s) for denial of a service.
- 15.) The right not to be discriminated against for receiving services on the basis of race, ethnicity, age, color, religion, sex, national origin, disability or HIV infection, whether asymptomatic or symptomatic, or AIDS.
- 16.) The right to know the cost of services.
- 17.) The right to be informed of all client rights.
- 18.) The right to exercise one's own rights without reprisal.
- 19.) The right to file a grievance in accordance with program procedures.
- 20.) The right to have oral and written instructions concerning the procedure for filing a grievance.

All grievances must be written, dated and signed by the client or the person filing the grievance on behalf of the client and should include the date, approximate time, description of the incident and names of the individuals involved in the incident/situation being grieved. Grievances should be given to _____ the client rights officer, or in the event the client rights officer is not on the premises, the grievance can be given to _____. They will assist you in filing a grievance upon your request. Within 21 calendar days of receiving the grievance, the program will make a resolution decision on the grievance. Any exceptions that cause this time period to be extended will be documented in the grievance file and written notification will be given to the client or persons filing grievances on the client's behalf. Records of client grievances will be maintained for two years from date of resolution and include: a copy of the grievance, documentation reflecting the process used, resolution/remedy of the grievance and documentation, if applicable, of extending the time period for resolving the grievance beyond 21 calendar days.

Within three working days of receiving the grievance, the program will provide the client with a written acknowledgment that includes: [a] the date the grievance was received, [b] a summary of the grievance, [c] an overview of the grievance investigation process, [d] a timetable for completing the investigation and notification of the resolution, and [e] the treatment provider contact person's name, address and telephone number.

At any time, clients or persons filing grievances on the clients behalf have a right to file a grievance, in addition to, or instead of, with any outside organization that include, but are not limited to, the following:

Ohio Mental Health and Addiction Services (OhioMHAS)
30 East Broad Street, 7th Floor, Columbus, Ohio 43215-2256
Phone (614) 466-3445 Facsimile (614) 485-9739

Disability Rights Ohio
50 West Broad Street, 14th Floor, Columbus, Ohio 43215-2999
Phone (800) 282-9181 Facsimile (614) 466-7264

Local ADAMHS/ADA/MHRS Board
Phone: _____

Region V - Chicago (IL., IN., MI., MN., OH., WI) Office for Civil Rights
U.S. Department of Health and Human Services
233 N Michigan Ave., Suite 240, Chicago, Illinois 60601
Phone (312) 886-2359 TDD (312) 353-5693 Facsimile (312) 886-1807