

Helping 2 Overcome System

Policy Title: Client Rights

Applies to: Helping 2 Overcome Systems

Effective Date: 01/01/2023 (Original policy)

Scheduled Annual Review Date: January (Every calendar year)

PURPOSE: The purpose of Helping 2 Overcome Systems Client Rights policy is to ensure that the rights of the clients are protected and enhanced in accordance with all applicable laws and standards.

POLICY: Helping 2 Overcome Systems Client Rights policy will ensure that client rights are maintained in accordance with all applicable laws and standards. The agency will also ensure that the rights of clients are understood by all employees. All employees must be able to communicate these rights to clients in a manner in which the client can understand.

Helping 2 Overcome Systems must post the client rights and grievance procedure in a conspicuous location in the office and wherever services are rendered, unless it is not feasible to do so in a given location (school, jail, etc.).

Clients have the right to be informed verbally of their rights and will have access to a written copy of Helping 2 Overcome Systems client rights and grievance procedures.

When a client feels that their rights have not been upheld by Helping 2 Overcome Systems, the client has the opportunity to file a grievance in a confidential and accessible manner.

Helping 2 Overcome Systems Client Rights Officer must take all necessary actions using the grievance procedures to fully investigate and resolve all grievances filed with the agency.

The Client Rights Officer is Sunny Tabler who can be reached Monday through Friday, 9:00 A.M. – 5:00 P.M. via phone at 216-571-8700 or in person at 17325 Euclid Ave. STE# 2040 Cleveland, Ohio 44112

Client Rights include, but are not limited to the following:

1. The right to be treated with consideration and respect for personal dignity, autonomy, and privacy.
2. The right to be fully informed of all rights prior to consent for treatment and to request a written copy of these rights.
3. The right to reasonable protection from physical, sexual, or emotional abuse, neglect, and inhumane treatment.
4. The right to receive services in the least restrictive, feasible environment.

5. 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.
6. The right to give informed consent to or to refuse any service, treatment, or therapy, including medication absent of an emergency.
7. The right to participate in the development, review, and revision of one's own individualized treatment plan and receive a copy of it. This includes periodic ISP reviews with the staff including services necessary upon discharge.
8. 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.
9. The right to be informed and the right to refuse any unusual or hazardous treatment procedures.
10. The right to be advised of 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. This right does not prohibit an agency from using closed-circuit monitoring to observe seclusion rooms or common areas, which does not include bathrooms or sleeping areas.
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 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.
13. The right to be informed a reasonable amount of time in advance of the reason for terminating participation in a service, and to be provided a referral, unless the service is unavailable or not necessary.
14. The right to be informed of the reason 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, 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.
16. The right to know the cost of services.
17. The right to be verbally informed of all client rights, and to receive a written copy upon request.
18. The right to exercise one's own rights without reprisal, except that no right extends so far as to supersede health and safety considerations.
19. The right to file a grievance.
20. The right to have oral and written instructions concerning the procedure for filing a grievance, and to assistance in filing a grievance if requested.
21. The right to be informed of one's own condition.

22. The right to consult with an independent treatment specialist or legal counsel at one's own expense.
23. The right to receive information in language and terms appropriate for the individual's understanding.

PROCEDURE

1. All employees must review the Client Rights and Grievance policies and procedures during orientation and annually and direct any questions to their supervisor or the Client Rights Officer: The Client Rights Officer is Sunny Tabler who may be reached Monday through Friday, 9:00 A.M. – 5:00 P.M. via phone at 216-571-8700 or in person at 17325 Euclid Ave. STE# 2040, Cleveland, Ohio 44112
2. Helping 2 Overcome Systems must post the client rights in a conspicuous location in the agency waiting area. The post will include the name, title, location, hours of availability and phone number of the Client Rights Officer indicating the person's responsibility to accept and handle the process of any grievance filed by the client or their authorized representative.
3. The Client Rights document will be offered to each client or their authorized representative who receives information or services from Helping 2 Overcome Systems upon intake and must be reviewed with the client and/or their authorized representative by the clinician providing services or evaluation.
4. Client rights must be reviewed and explained annually with each client and/or their authorized representative who has received services with Helping 2 Overcome Systems for longer than one year. If there is a crisis or emergency situation upon intake, the client must verbally be advised of at least the immediate pertinent rights (the right to consent 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 with the client or their authorized representative.
5. A client or other stakeholder who has a complaint or grievance regarding the client rights will be directed to the Client Rights Officer. The Client Rights Office will contact the client or their authorized representative within 24 of receipt of the grievance. If the Client Rights Officer is not available within 24 hours, the grievance will be directed to the Clinical Director or other staff as designated. If the grievance is regarding the Client Rights Officer, the issue must be taken to the Clinical Director. The Client Rights Officer will request that the Quality Assurance Committee review the client's record and make any additional suggestions regarding the grievance to the Client Rights Officer. The Client Rights Officer has the right to accept or reject the committee's suggestion and respond appropriately.
6. If the client or other stakeholder chooses to bypass Helping 2 Overcome Systems, he/she will be directed to the Ombudsman at the Cuyahoga County Mental Health Board or other organizations if requested.

7. Grievances and complaints regarding client rights will be fully investigated and resolved based on the grievance procedures indicated in the grievance policy and applicable OhioMHAS and OAC guidelines.

Any violations of the client rights may also be addressed in accordance with Helping 2 Overcome Systems corrective action policies or the incident reporting policy.

8. The Client Rights Officer will ensure that:

- Records of grievances and complaints are maintained for a minimum of two years.
- The detailed grievance summary, receipt and resolution date of the grievance is tracked and reported.
- The Quality Assurance Committee will review documentation monthly of any grievances or complaints that are filed with Helping 2 Overcome Systems. All grievances will be fully examined and any necessary interviews with any and all participants will be conducted. For quality purposes, a questionnaire will be sent to the individuals who initiated the grievance to determine any trends or recurring issues.
- An annual summary is provided to executive staff and the Quality Assurance Committee for review. The annual summary will include the number of grievances received, type of grievances, and timely or untimely resolution details. These records must be available for review by the community mental health board and/or the department of mental health upon request.

Applicable Standards: OAC 5122-26-18

CARF 1.K. 2-6

Approvals:

Name/Title:

Department: Operations

Policy Title: Client Grievances & Complaints

Applies to: Helping 2 Overcome Systems

Effective Date: 01/01/2023 (Original policy)

Scheduled Annual Review Date: January (Every calendar year)

PURPOSE: The purpose of Helping 2 Overcome Systems Client Grievances and Complaints policy is to ensure that the rights of clients are maintained in accordance with all applicable laws and standards.

POLICY: Grievances are an expression of dissatisfaction with the provider, agency, or any aspect of its operations.

It is the policy of Helping 2 Overcome Systems that client rights are maintained in accordance with all applicable laws and standards. Helping 2 Overcome Systems will maintain a records of client grievances for at least two years from the date of resolution.

The client grievances and complaints policy and procedure must be understood and followed by all employees of Helping 2 Overcome Systems. This information must be communicated to clients in a manner in which they can understand.

When a client feels that their rights have not been upheld by Helping 2 Overcome Systems, the client has the opportunity to file a grievance in a confidential and accessible manner.

Helping 2 Overcome Systems Client Rights Officer must take all necessary actions using the grievance procedures to fully investigate and resolve all grievances filed with the agency.

The Client Rights Officer is Sunny Tabler who may be reached Monday through Friday, 9:00 A.M. – 5:00 P.M. via phone at 216-571-8700 or in person at 17325 Euclid Ave. STE# 2040, Cleveland, Ohio 44112

PROCEDURE

1. All Helping 2 Overcome Systems staff must review the Client Grievances and Complaints policy during orientation and annually. Employees may direct any questions to his/her supervisor or the Client Rights Officer.
2. The client or their authorized representative has the right to file a grievance. Helping 2 Overcome Systems must post the client rights and grievance procedure in a conspicuous location in the office and wherever services are rendered, unless it is not feasible to do so in a given location (school, jail, etc.).
3. The Client Rights Officer will assist the client and/or their authorized representative in understanding the grievance process and in filing the grievance.
4. The Client Rights Office will contact the client or their authorized representative within 24 hours of receipt of the grievance. If the Client Rights Officer is not available within 24 hours, the grievance will be directed to the Clinical Director or other staff as designated.
5. The client or their authorized representative will be provided with a Grievances & Complaints Form to complete (Exhibit A) and return to the Client Rights Officer: The Client Rights Officer is Sunny Tabler who may be reached Monday through Friday, 9:00 A.M. – 5:00 P.M. via phone at 216-571-8700 or in person at 17325 Euclid Ave. STE# 2040 Cleveland, Ohio 44112
6. The grievance may be filed in writing or verbally. If filed verbally, the grievance will be converted to a written document by the Client Rights Officer or designated staff for tracking and reporting purposes. The grievance document is kept confidential, secure, and separate from the client's record. The Client Rights Officer will maintain these documents.

7. The client's grievance must include, if available, the date, time, and a detailed description of the incident and names of individuals involved in the incident or issue being grieved.
8. The Client Grievance Form must be signed and dated by the client or their authorized representative or have an attestation by the Client Rights Officer or advocate stating the written grievance is a true and accurate representation of the grievance.
9. The client or their authorized representative must be given a return envelope to seal and return the grievance to the Client Rights Officer.
10. There must be no retaliation or barrier to services if a client files a grievance or complaint against Helping 2 Overcome Systems or its employees. Any violations of the client rights may also be addressed in accordance with Helping 2 Overcome Systems corrective action policies or the incident reporting policy.
11. The grievance will be acknowledged in writing within three business days from receipt of the grievance using the Grievance Acknowledgement letter. The client or their authorized representative will be notified in writing of the following:
 - The date their grievance was received.
 - A summary of the grievance.
 - An overview of the investigative process.
 - Who is involved in the process and actions proposed.
 - The option to be heard by an impartial decision-maker. If the Client Rights Officer is not available, the Office Manager or Clinical Director will acknowledge the grievance in writing.
 - A timeframe for the investigation and notification of the resolution.
 - Treatment provider's contact name, address, and phone number.
12. The Client Rights Officer will fully investigate the details of the grievance on behalf of the client and if desired by the client or their authorized representative, provide representation for the client at Helping 2 Overcome Systems hearing on the grievance. All grievances must be resolved within twenty business days.
13. If the grievance is unable to be resolved within the appropriate time frame, the Client Rights Officer will contact the client or their authorized representative and inform the client or their authorized representative in writing of any extenuating circumstances. The Client Rights Officer will meet with the appropriate staff if necessary. Written results of the meeting will be documented and shared with the client or their authorized representative of any actions taken.
14. If the grievance is against the Client Rights Officer, the grievance must be filed with the CEO or other designated staff in accordance with the grievance procedure.
15. Upon the client's or their authorized representative's request, all relevant information regarding the grievance will be submitted to the CEO or other designated staff.
16. Upon resolution of the grievance, all documentation related to the grievance will be stored in a secured area by the Client Rights Officer.
17. The Quality Assurance Committee will review documentation monthly of any grievances or complaints that are filed with Helping 2 Overcome Systems. All grievances will be fully

examined and any necessary interviews with any and all participants will be conducted. For quality purposes, a questionnaire will be sent to the individuals who initiated the grievance to determine any trends or recurring issues.

18. An annual summary is provided to executive staff and the Quality Assurance Committee for review. The annual summary will include the number of grievances received, type of grievances, and timely or untimely resolution details. These records must be available for review by the community mental health board and/or the department of mental health upon request.
19. The client or their authorized representative has the option to file their grievance with an outside organization directly without having to file their grievance with Helping 2 Overcome Systems as indicated below:

a) ADAMHS Board of Cuyahoga County

2012 W 25th St

Cleveland, OH 44113

Phone: 216-241-3400

Cuyahoga County 24-hour Suicide Prevention, Mental Health/Addiction Crisis, Information and Referral Hotline dial 988 or 216-623-6888

Disability Rights Ohio

Attn: Intake

200 Civic Center Drive, Suite 300

Columbus, Ohio 43215

Phone: 614-466-7264

Toll-Free: 800-282-9181(Option 2)

TTY: 800-858-3542

Ohio Department of Mental Health and Addiction Services (OhioMHAS)

30 E. Broad Street, 36th Floor

Columbus, Ohio 43215

Toll-Free: 877-275-6364 (family & consumers only) Toll-Free

TTY: 888-636-4889

U.S. Department of Health and Human Services

Office for Civil Rights

233 N. Michigan Ave., Suite 240

Chicago, Illinois 60601

Customer Response Center: 800-368-1019

Fax: 202-619-3818

TDD: 800-537-7697

Counselor, Social Worker, and Marriage and Family Therapist Board

77 S. High Street, 24th Floor, Room 2468
Columbus, Ohio 43215
Phone: 614-466-0912
Fax: 614-728-7790

Ohio Chemical Dependency Professionals Board
77 S. High Street, 16th Floor
Columbus, Ohio 43215
Phone: 614-387-1110
Fax: 614-387-1109

Applicable Standards: OAC 5122-26-18

CARF 1.K.

Approvals:

Name/Title:

Department: Operations

Helping 2 Overcome Systems

Client Grievance (Complaint) Form

Name of Client: _____

Name of Authorized Representative (if applicable): _____

Date/Time of the Issue: _____

Summary of the Grievance (Provide the details related to the incident, including names, date, approximate time, and places. Attach additional sheets if necessary):

My grievance is an accurate and true representation of the complaint filed. If filed by the Client Rights Officer or Advocate, please sign below to attest that the written grievance is a true and accurate representation of the client's grievance.

Client or Authorized Representative Signature: _____

Authorized Representative Signature (if applicable): _____

Client Rights Officer or Advocate Signature: _____

Date Filed: _____

Client Rights Officer: Antwan Jones

Mail to: Helping 2 Overcome Systems 17325 Euclid Ave Suite 2040 Cleveland, Ohio 44112

Phone: 216-571-8700

Fax:

Helping 2 Overcome Systems

Grievance Acknowledgement Notice

Date

Client or Authorized Representative's Name

Address

City, State Zip

Client Name:

RE:

Dear,

This letter is to inform you that Helping 2 Overcome Systems has received your grievance on (DATE) regarding (NATURE OF GRIEVANCE). We appreciate your bringing this matter to our attention.

Your grievance is being processed and you will be notified within twenty business days that your grievance has been resolved no later than (DATE). If your grievance cannot be resolved within the appropriate time frame, you will be notified in writing that additional time is necessary to investigate your grievance.

We want you to know that you also have the right to file your grievance with an outside organization. Please see the enclosed document.

If you have any questions or concerns, please feel free to contact our office at 216-571-8700, Monday through Friday, 9:00 A.M. to 5:00 P.M. You may also contact your treatment provider, (NAME), at our office located at 17325 Euclid Ave. STE# 2040 Cleveland, Ohio 44112.

Sunny Tabler Client

Rights Officer

Helping 2 Overcome Systems

Phone: 216-571-8700

You or your authorized representative have the option to file your grievance with an outside organization directly without having to file your grievance with Helping 2 Overcome Systems as indicated below:

b) ADAMHS Board of Cuyahoga County

2012 W 25th St
Cleveland, OH 44113
Phone: 216-241-3400
Cuyahoga County 24-hour Suicide Prevention, Mental Health/Addiction Crisis,
Information and Referral Hotline dial 988 or 216-623-6888

c) Disability Rights Ohio

Attn: Intake
200 Civic Center Drive, Suite
300 Columbus, Ohio 43215
Phone: 614-466-7264
Toll-Free: 800-282-9181 (Option 2)
TTY: 800-858-3542

d) Ohio Department of Mental Health and Addiction Services (OhioMHAS)

30 E. Broad Street, 36th Floor
Columbus, Ohio 43215
Toll-Free: 877-275-6364 (family & consumers only)
Toll-Free TTY: 888-636-4889

e) U.S. Department of Health and Human Services

Office for Civil Rights
233 N. Michigan Ave., Suite 240
Chicago, Illinois 60601
Customer Response Center: 800-368-1019
Fax: 202-619-3818
TDD: 800-537-7697

f) Counselor, Social Worker, and Marriage and Family Therapist Board

77 S. High Street, 24th Floor, Room 2468
Columbus, Ohio 43215
Phone: 614-466-0912
Fax: 614-728-7790

g) Ohio Chemical Dependency Professionals Board

77 S. High Street, 16th Floor
Columbus, Ohio 43215
Phone: 614-387-1110
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