

Client Rights and Grievances

All Family Pride clients are informed of these rights:

- 1) The right to be treated with consideration and respect for personal dignity, autonomy, and privacy;
- 2) The right to reasonable protection from physical, sexual, or emotional abuse, neglect, and inhumane treatment;
- 3) The right to receive services in the least restrictive, feasible environment;
- 4) 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 services, unless that service is a necessity for clear treatment reasons and requires the person's participation;
- 5) The right to give informed consent to or to refuse any service, treatment, or therapy, including medication absent an emergency;
- 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 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;
- 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, 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;
- 10) 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;
- 11)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;
- 12) 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;
- 13) The right to be informed of the reason for denial of a service;
- 14) 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;
- 15) The right to know the cost of services;
- 16) The right to be verbally informed of all client rights, and to receive a written copy upon request;

- 17) The right to exercise one's own rights without reprisal, except that no right extends so far as to supersede health and safety considerations;
- 18) The right to file a grievance;
- 19) The right to have oral and written instructions concerning the procedure for filing a grievance, and to assistance in filing a grievance if requested;
- 20) The right to be informed of one's own condition; and,
- 21) The right to consult with an independent treatment specialist or legal counsel at one's own expense.

All grievances must be put into writing; the grievances may be made verbally to the client rights officer who shall be responsibility for preparing the written text of the grievance. The written grievance should include the date, approximate time, description of the incident, and names of the individual(s) involved in the incident/situation being grieved. This must be signed and dated by the client, the individual filing the grievance on behalf of the client or have an attestation by the client advocate that the written grievance is a true and accurate representation of the client's grievance.

Within twenty calendar days of receiving the grievance, the program will make a resolution decision on the grievance. Any exceptions that cause extends this period will be documented in the grievance file and written notification will be given to the client or person filing grievances on behalf of the client. Within three working days of receiving the grievance, the program will provide the client with a written acknowledgement 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 3) the treatment provider contact name, address, and telephone number.

Records of client grievances are maintained for two years from the 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 period for resolving the grievance beyond the twenty calendar days.

Family Pride Alternate Client Rights Officer:

Angi Daugherty LISW-S 521 5th Street, Suite A Chardon, OH 44024 (440) 175,0442 Family Pride Alternate Client Rights Officer:

Sherri Sullivan 1110 Lake Ave Ashtabula, OH 44004 (440) 536-5680

Written grievances may also be given to the Office Administrator at either Office location.

At any time, clients or persons filing a grievance on the client's behalf have a right to file a grievance with any outside organization that includes, but are not limited to the following:

Ohio Department of Mental Health and Addiction Services 30 East Broad Street, 36th Floor Columbus, OH 43215-3430 (614) 466-2596

Ashtabula County Mental Health & Recovery Services Board 4817 State Rd, Suite 203 Ashtabula, OH 44004 (440) 992-3121

Geauga County Board of Mental Health & Recovery Services 13244 Ravenna Rd. Chardon, OH 44024 (440) 285-2282 The Lake County ADAMHS Board 1 Victoria Place, Suite 205 Painesville, OH 44077 (440) 350-3117

Disability Rights Ohio 200 Civic Center Dr., Suite 300 Columbus, OH 43215-2999 (800) 282-9181

Office for Civil Rights US Department of Health and Human Services 233 N. Michigan Ave, Suite 1300 Chicago, IL 60601 (312) 353-1385