

**CLIENT RIGHTS HANDBOOK
NORTHEAST OHIO BEHAVIORAL HEALTH, LTD.**

**2795 Front Street, Suite A
Cuyahoga Falls, OH 44221
(330) 945-7100**

**4510 Dressler Road NW
Canton, OH 44718
(330) 494-5155**

**213 Market Ave. N., Suite 200
Canton, OH 44702
(330) 451-1701**

**CARE Center @ Akron Children's Hospital
Locust Bldg., Suite 170, 1 Perkins Square
Akron, OH 44308
(330) 945-7100**

Civil Rights Policy

It is the policy of Northeast Ohio Behavioral Health, Ltd. to treat all without regard to race, color, national origin, handicap, age, sex, sexual preference or economic status.

The same requirements are applied to all, and clients are admitted without regard to any of these factors. There is no distinction in eligibility for, or in the manner of providing clients services. All persons and organizations having occasion either to refer clients for services or to recommend Northeast Ohio Behavior Health, Ltd., are advised to do so without regard to such issues as the potential client's race, color, national origin, handicap, age, sex, sexual preference or economic status.

The person designated to coordinate compliance with Section 504 of the Rehabilitation Act of 1973 (nondiscrimination against the handicapped), is the Agency Executive Director who may be contacted to file a complaint.

Client Rights

1. The right to be treated with consideration and respect for personal dignity, autonomy, and privacy;
2. The right to service in a humane setting which is the least restrictive feasible, as defined in the treatment plan;
3. The right to be informed of one's own condition, of proposed or current service, treatment or therapies, and of the alternatives;
4. The right to consent or to refuse any service, treatment, or therapy upon full explanation of the expected consequences of such consent or refusal. A parent or legal guardian may consent to or refuse any service, treatment or therapy on behalf of a minor client;
5. The right to a current written, individualized service plan that addresses one's own mental health, physical health, social and economic needs, and that specifies the provision of appropriate and adequate services, as available, either directly or by referral;
6. The right to active and informed participation in the establishment; periodic review, and reassessment of the service plan;
7. The right to freedom from unnecessary or excessive medication;
8. The right to freedom from unnecessary restraint or seclusion;

9. The right to participate in any appropriate and available organizational service, regardless of refusal of one or more other services, treatments, or therapies, or regardless of relapse from earlier treatment in that or another service, unless there is valid and specific necessity which precludes and/or requires the client's participation in other services. This necessity shall be explained to the client and written in the client's current service plan;
10. The right to be advised of and to refuse any unusual or hazardous treatment procedures;
11. The right to be informed of and to refuse observation by techniques such as one-way vision mirrors, tape recorders, televisions, movies, or photographs;
12. The right to have the opportunity to consult with independent treatment specialists or legal counsel, at one's own expense;
13. The right to confidentiality of communications and of all personal identifying information within the limitations and requirements for disclosure of various funding and/or certifying sources, state or federal statutes, unless release of information is specifically authorized by the client, parent or legal guardian of a minor client or court appointed guardian of the person of an adult client, in accordance with Rule 5122:2-3-11 of the Administrative Code;
14. The right to have access to ones 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. "Clear treatment reasons" shall be understood to mean only severe emotional damage to the client, such that danger or self-injurious behavior is an eminent risk. The person restricting the information shall explain to the client and other persons authorized by the client, the factual information about the individual client that necessitates the restriction. The restriction must be renewed at least annually to retain validity. Any person authorized by the client has unrestricted access to all information. Clients shall be informed in writing of agency policies and procedures for viewing or obtaining copies of personal records.
15. 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.
16. The right to receive an explanation of the reasons for denial of service.
17. The right not to be discriminated against in the provision of service on the basis of religion, race, color, creed, national origin, age, lifestyle, physical or mental handicap, developmental disability, or inability to pay;
18. The right to know the cost of services;
19. The right to be fully informed of all rights;
20. The right to exercise any and all rights without reprisal in any form; including continued uncompromised access to service;
21. The right to file a grievance;
22. The right to have oral and written instructions for filing a grievance;
23. The right to a second opinion; *

24. The right to request another therapist; *

* These additional rights are required by the Summit County ADM Board.

Protection of Client Rights

1. Each client shall receive a written statement of Client Rights during the intake procedure. Staff will explain any and all aspects of Client Rights.
2. Clients will sign the Permission For Treatment sheet which includes a signature indicating receipt of the Client Rights.
3. Copies of the Client Rights are posted in well marked areas with the agency to ensure that clients as well as staff are well aware of these basic rights. Staff will advise clients regarding the Client Rights Officer, and will assist with filing a grievance if needed.
4. If a client believes that his/her rights are being violated, they may contact (either by phone, in writing or in person) the Client Rights Officer (CRO) and begin the procedure. There is no time limit to the filing of a grievance.

Civil Rights Grievance Procedure – Civil Rights

- A. An individual who wants to file a complaint or grievance is referred to the Civil Rights Coordinator (CRC) or to the Executive Director. The CRC or Director attempts to resolve the issue.
- B. If this is unsuccessful, the complaint is given a grievance form and any assistance needed to file the grievance.
- C. The Complainant is advised of right to file with outside entities:

The Ohio Department of Human Services
30 East Broad Street, 32nd Floor
Columbus, Ohio 43215

The Office of Civil Rights
US Department of Health and Human Services
233 N. Michigan Avenue, Ste. 240
Chicago, Illinois 60601

Client Grievance Procedure

1. The grievance procedure will be posted in a highly visible place in each agency location.
2. Upon request, all NEOBH clients and/or guardians shall be provided with oral and written instructions for filing a grievance. Any NEOBH client/guardian who has a concern, complaint, or grievance should contact Client Rights Officer (CRO), Aimee Thomas, who may be reached at NEOBH, 4510 Dressler Road NW, Canton, OH 44718, (330) 494-5155. If the call is made after office hours, or is an emergency, please page our therapist on call at (330) 713-0043, who will assist in contacting the CRO.
3. The name of the CRO will be made easily accessible to all clients requesting this information without question as to the nature of the problem.

4. The CRO shall be assigned by the Executive Director of NEOBH and will assist with the grievance, as well as investigate on behalf of the griever.
5. When a written complaint is filed with the CRO, he/she shall have five (5) working days to respond in writing to the grievance.
6. If not satisfied, the client may pursue the grievance by submitting a written complaint to the Executive Director, Robin Tener, Ph.D. (Client Advocate), who must also respond in writing within (5) working days.
7. If still not satisfied, the client may submit the grievance to the Advisory Board of NEOBH. The Board shall act on the grievance at the first available scheduled meeting of the Board, and shall respond in writing within (5) working days after their next scheduled meeting regarding the explanation of the resolution.
8. The Committee conducting the formal hearing will also advise client of his/her option to further grieve with outside licensing or regulatory associations, and will provide you with relevant names, addresses, etc. The CRO will represent the griever at this hearing, if desired. Entire process is to be completed in 20 working days.
9. All NEOBH clients/guardians shall have the option to register a complaint with any and all, but not exclusively, the following:
 - Stark/Summit County Mental Health Board
 - Ohio Department of Mental Health
 - Ohio Legal Rights Service
 - United States Department of Health and Human Services
 - Appropriate professional licensing, regulatory associates and/or other State Departments.
The names, addresses, and phone numbers of the aforementioned will be given to the griever. The relevant addresses and phone numbers about the grievance shall be included along with all relevant information about the grievance as requested. See list at back of brochure.
 - Clients may grieve directly to the Executive Director if the grievance involves the Client Rights Officer, or if the officer is unavailable for any reason.
10. The NEOBH Client Rights Officer keeps records of all grievances. These records are available for review by the Mental Health Board and ODMH upon request. NEOBH submits an annual summary report to the Board including number of grievances, type of grievance, and the resolution status of each grievance.

Rights and Responsibilities of the Client at NEOBH include but are not limited to:

1. Basic expectations for the use of the organization's services:
Clients are accepted for treatment by completing diagnostic assessment interviews. If treatment is considered an appropriate option, clients are then entitled to all services offered by NEOBH. They can expect appropriate treatment according to their Civil Rights, Client Rights and the Policies of NEOBH.
2. The right to know the hours of service:
Hours of service are from 9am – 8pm, Monday – Thursday, and from 9am – 5pm, Friday and Saturday (Saturdays in limited offices), according to individual therapist's schedules.

3. The right to know rules, behaviors and other factors that could result in discharge or termination: These include loud, violent or threatening behavior, frequent cancellations or missing appointments without notice, unwillingness to follow the Individual Service Plan, and attendance at therapy sessions while under the influence of alcohol or illegal drugs.
4. The right of the person served to receive services in a manner that is non-coercive and that protects the right to self-determination.
5. Information regarding how to lodge complaints, grievances, or appeals.

At any point if the grievor is not satisfied, he/she has the option to register a complaint with the following entities:

Ombudsman County of Summit Alcohol, Drug Addiction and Mental Health Services Board 100 W. Cedar St., Suite 300 Akron, OH 44307 (330) 762-3500 (330) 252-3024 (Fax) (800) 750-0750 (Ohio Relay)	Ohio Counselor & Social Worker Board 77 S. High St., 16 th Floor Columbus, OH 43215-6108 (614) 466-0912 (614) 728-7790 (Fax)
Mental Health & Recovery Services Board of Stark County 800 Market Ave. N., Suite 1150 Canton, OH 44702 (330) 455-6644	Ohio Board of Psychology 77 S. High St., Suite 1830 Columbus, OH 43215-6108 (614) 466-8808
Ohio Department of Jobs and Family Services Cleveland District Office 615 W. Superior Ave., 10 th Floor Cleveland, OH 44113-1882 (866) 635-3748	Ohio Medical Board 77 S. High St., 17 th Floor Columbus, OH 43215-6127 (614) 466-3934 (800) 554-7717 (614) 728-5946 (Fax)
Ohio Legal Rights Service 8 East Long St., 5 th Floor Columbus, OH 43215 (614) 466-7264 or (800) 282-9181 (614) 644-1888 (Fax)	Ohio Attorney General's Office Medicaid Fraud Unit 101 E. Town St., 5 th Floor Columbus, OH 43215 (614) 466-0722
Educational & Nurse Registration Board 77 S. High St., Suite 400 Columbus, OH 43215 (614) 466-3947 (614) 466-0388 (Fax)	Community Services for the Deaf of Ohio 5050 Blaze Memorial Pkwy Dublin, OH 43017 (877) 781-6670 (Toll Free) (614) 889-5815 (TTY) (614) 889-6914 (Fax)
Client Assistance Program for Vocational Rehabilitation C/o Ohio Legal Rights 8 East Long St. Columbus, OH 43215 (614) 466-7264 or (800) 282-9181	Client Advocacy Coordinator Ohio Department of Mental Health 30 E. Broad St., 8 th Floor Columbus, OH 43215-3430 (614) 466-2333 (614) 466-1571 (Fax)
Ohio Psychiatric Association 1350 W. 5 th Ave., Suite 218 Columbus, OH 43212-2907	ADA Ohio 700 Morse Rd., Suite 101 Columbus, OH 43214 (614) 844-5410 (614) 844-5537 (Fax) (800) 232-2321 (TTY)

(614) 481-7555
 (614) 481-7559 (Fax)

Ohio Governor's Council on People with
 Disabilities
 400 E. Campus View Blvd.
 Columbus, OH 43235-4604
 (800) 282-4536 Ext. 1391
 (614) 438-1200 (Voice/TTD)

U.S. Equal Employment Opportunity
 Commission
 Cleveland Office
 Skylight Office Tower
 1660 W. 2nd St., Suite 850
 Cleveland, OH 44113-1412
 (216) 522-2001 or (216) 522-2202

President's Committee on Employment of
 People
 With Disabilities
 1331 F St. NW, Suite 300
 Washington, DC 20004
 (202) 376-6200 (Voice)
 (202) 376-6205 (Phone)
 (202) 376-6219 (Fax)

Ohio Dept. of Alcohol and Drug Addiction
 Services
 Two Nationwide Plaza
 280 N. High St., 12th Floor
 Columbus, OH 43215-2537
 (614) 466-3445
 (614) 644-9140 (TDD)
 (614) 752-8645 (Fax)

Office of the Americans with
 Disabilities
 U.S. Dept. of Justice, Civil Rights
 Division
 PO Box 66118
 Washington, DC 20530-6118
 (800) 514-1301 (ADA Info Line)
 (800) 514-0383 (TTD)

United States Equal Employment
 Opportunity Commission
 1801 L St. NW, Room 9024
 Washington, DC 20507
 (202) 663-4900
 (202) 663-4494 (TTY)
 (800) 669-4000

U.S. Department of Health and
 Human Services
 Office of Civil Rights
 233 N. Michigan Ave., Suite 240
 Chicago, IL 60601
 (312) 353-5160
 (312) 353-4144 (Fax)

Any of these above listed agencies may request copies of the grievance. The copies will be sent with the client's permission. The client may initiate a request for copies of the grievance to be sent to any of the above listed agencies.

A copy of this document will be posted prominently in the waiting room. Copies of the Grievance Procedure shall be made available to anyone upon request. If the grievance is against the Client Rights Officer, the grievance is made to the Executive Director.

A Complainant may chose to contact the Ombudsman directly and, in so doing, bypass the agency's internal grievance procedure. The information for Summit & Stark County is:

Summit County:

County of Summit ADM Board
 100 W. Cedar St., Suite 300
 Akron, Ohio 44307
 Phone: (330) 762-3500
 Hours: 8:30am – 5:00pm

Stark County:

MHRS Board of Stark County
 800 Market Ave. N, Suite 1150
 Canton, Ohio 44702
 Phone: (330) 455-6644
 Hours: 8:30 am – 5:00pm