SUBJECT: Client Rights and Grievance Procedures POLICY AND PROCEDURE: #705

EFFECTIVE DATE: 01/01/2008 **REVIEW DATE: 10/27/2026**
BOARD APPROVAL: 12/08/2011 **Next Review Date: 10/27/2028**

POLICY

A. CLIENT RIGHTS:

Individuals receiving services from Ravenwood Health (the "Agency") maintain client rights and grievance procedures pursuant to the Protection and Advocacy for Individuals with Mental Illness Act (Public Law 99-319 (May 23, 1986); 42 U.S.C. 10801, et seq.) and the Ohio Department of Behavioral Health Services Standards (Title 5122 of the Ohio Administrative Code). Specifically, individuals have the following 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 service, 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 do 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, including but not limited to HIPAA (45 CFR Parts 160 and 164) and 42 CFR Part 2;

(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 of a reasonable amount of time in advance of the reason for terminating participation in a service, and to be provided with 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.

In addition to the rights listed above, no person will be denied admission to a program due to their use of prescribed psychotropic medications and no employee may be a client's court

appointed guardian or representative if the person is currently receiving services from the Agency.

B. **PROCEDURE INFORMING CLIENTS OF THEIR RIGHTS:**

(1) Client rights and grievance procedures shall be explained to the client through distribution of written and oral information during the intake process. In addition, staff shall explain any and all aspects of the client rights and grievance procedure upon request.

(2) In the event of a crisis or emergency situation, the client shall be verbally advised of at least the immediate pertinent information, such as his/her right to consent to or refuse the offered treatment and the consequences of that agreement or refusal. The procedure set forth above shall be followed in the next subsequent meeting, if any.

(3) All staff involved with the operation of the Agency's programs will receive and review the Client Rights and Grievance Procedures policy and shall be familiar with them. There shall be documentation in the personnel file that Agency staff including contract staff, volunteers and student interns have received a copy of the Client Rights and Grievance Procedure policy and have agreed to abide by them. A copy of the Client Rights and Grievance Procedures policy will remain electronically available for Agency staff accessibility. Copies will be given to any entity upon request.

(4) A copy of the Client Rights Policy and Grievance Procedure policy shall be posted in the lobbies of each Agency office site and group treatment rooms.

(5) Agency staff, including administrative and support staff, will be educated concerning and familiar with the Client Rights and the Grievance Procedures policy. A copy of staff orientation to the Client Rights and the Grievance Procedures policy will be held in the staff's personnel file. As such, any staff can direct a person who is articulating a concern, complaint, or grievance to the Client's Rights Officer/Client Advocate and advise them on their right to file a grievance.

C. **GRIEVANCE PROCEDURE:**

(1) Grievances shall be filed within 30 days after the date the grievance occurred. Grievances shall be made to the Client's Rights Officer/Client Advocate or designated alternate. In the event that the Client's Rights Officer/Client Advocate is the subject of the grievance and/or is not available, the designated alternate shall act in the place of the Client's Rights Officer/Client Advocate.

a) The complaint can be initiated either verbally or in writing by a client or by any other person or provider on behalf of a client regarding denial or abuse of any client's rights;

b) The grievance must be put into writing, signed and dated by the client, or signed/dated by the individual filing the grievance on behalf of the client, or have an attestation by the Client's Rights Officer/Client Advocate that the written grievance is a true and accurate representation of the client's grievance.

c) The grievance must include:
- The date the grievance occurred
- Approximate time
- Description of the incident
- The names of individuals involved in the incident/situation being grieved.

Ravenwood Health's Client's Rights Officer is the following:

GEAUGA LOCATION:
Christina Charlillo
Client's Rights Officer/Client Advocate
Ravenwood Health
12557 Ravenwood Health
Chardon, OH 44024
Phone #: (440) 285-3568 x 245
Hours of Availability: Monday-Friday 8:00 am – 4:00 pm

ASHTABULA LOCATION:
Jennifer Cleveland
Client's Rights Officer/Client Advocate
Ravenwood Health
2801 C Court
Ashtabula, OH 44004
Phone #: (440) 998-4210
Hours of Availability: Monday-Friday 8:00 am – 4:00 pm

Ravenwood Health's Client's Rights Officer Alternates are the following:

GEAUGA LOCATION:

Amanda Love
Client's Rights Officer/Client Advocate Alternate
Ravenwood Health
12557 Ravenwood Drive

Chardon, OH 44024
Phone #: (440) 285-3568 ext. 212
Hours of Availability: Monday, Tuesday, Wednesday and Friday 12:00 pm – 8:00 pm, Thursday 9:00 am – 5:00 pm

ASHTABULA LOCATION:
Jeanette Maldonado
Client's Rights Officer/Client Advocate
Ravenwood Health
2801 C Court
Ashtabula, OH 44004
Phone #: (440) 998-4210
Hours of Availability: Monday-Friday 8:00 am – 4:00 pm

(2) The Client's Rights Officer/Client Advocate shall assist the griever as needed. Assistance may include, but is not limited to, writing the grievance, organizing relevant data, investigating the grievance with any person(s), with or without the client present, making any necessary investigations to obtain data relevant to the situation, forming any committee deemed necessary to investigate the allegations and providing reasonable opportunity for all relevant information to be heard.

(3) The Client's Rights Officer/Client Advocate will provide a written acknowledgement of receipt of the grievance and provide said documentation to each grievant within three working days. The written acknowledgement shall include, but may not be limited to, the following:

a) Date the grievance was received
b) Summary of grievance
c) Overview of grievance investigation process
d) Timetable for completion of investigation and notification of resolution
e) Treatment provider contact name, address and telephone number

All grievance documentation, including a copy of the grievance, will reflect the process used and resolution/remedy of the grievance and any extension of the time period for resolving the grievance beyond twenty calendar days.

(4) The Client's Rights Officer shall advise the CEO (or designee who will act on their behalf when unavailable) that a grievance is in process the same day the grievance procedure begins.

(5) Within 20 calendar days of receiving the grievance, the Agency 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 the grievance on the client's behalf.

(6) If the grievance cannot be resolved within 2 business days, the client and the Client's Rights Officer/Client Advocate or alternate will meet with either the CEO, a special committee, a Board Representative, and/or other impartial decision makers to resolve the problem and to plan for any additional steps which must be taken for resolution. The Client's Rights Officer/Client Advocate or alternate will keep the client or his/her representative informed of all activities which occur as they occur, in the resolution of the grievance and will receive a Release of Information from the client as needed.

(7) The Agency shall maintain for at least two years the record of grievances which shall include a copy of the grievance, documentation of the grievance resolution/remedy of the grievance and the processes used, documentation, if applicable, of extenuating circumstances for extending the time period for resolving the grievance beyond 20 calendar days, and a copy of the letter to the grievant reflecting the resolution.

(8) On a quarterly basis, the Client's Rights Officer/Client Advocate, via the Risk Management Director, will report to the CEO a summary of the grievances filed for the previous year. The CEO will report to the Agency Board on client rights issues. This information shall also be disseminated to the appropriate county mental health board(s).

(9) Each Agency shall provide for the Client's Rights Officer/Client Advocate to take all necessary steps to ensure compliance with the grievance procedure.

(10) Clients have the right to file a grievance with the Agency and/or with any of the organizations listed below. The client shall be advised that any appeal of any resolution may also be filed with the following organizations:

The Joint Commission
Attention: Office of Quality and Patient Safety
One Renaissance Boulevard Oakbrook Terrace, IL 60181
(800) 994-6610
Fax: (630) 792-5636
https://www.jointcommission.org
Email: patientsafetyreport@jointcommission.org

Disability Rights Ohio
200 Civic Center Drive Columbus, OH 43215
Phone: (614) 466-7264

Toll Free: (800) 282-9181
Geauga Community Board of Mental Health and Recovery Services
13244 Ravenna Road Chardon, OH 44024
Phone: (440) 285-2282

Ohio Department of Mental Health and Addiction Services
30 East Broad Street Columbus, OH 43215-3430
Phone: (614) 466-2596
Toll Free: (877) 275-6364

United States 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
https://ocrportal.hhs.gov/ocr/smartscreen/main.jsf

Office of Attorney General
Medicaid Intake Officer
150 E Gay Street 17th Floor Columbus, OH 43215
Fax: (877) 527-1305

Ohio Department of Health
Health Equity Office
246 North High Street, 7th Floor, Columbus, OH 43215
Phone: (614) 466-3543

Ohio Board of Nursing
17 South High Street, Suite 660 Columbus, OH 43215-3413
Phone: (614) 466-3947

Ohio Civil Rights Commission
30 East Broad Street, 5th Floor Columbus, OH 43215
Phone: (614) 466-5928

Ohio State Board of Psychology
77 South High Street, Suite 1830 Columbus, OH 43215-6108
Phone: (614) 466-8808
Toll Free: (877) 779-7446

Ohio Psychiatric Physicians Association
3510 Snouffer Road, Suite 101 Columbus, OH 43235

Phone: (614) 763-0040

State Medical Board of Ohio
30 East Broad Street, 3rd Floor Columbus, OH 43215-6127
Phone: (614) 466-3934

Ohio Governor's Council on People with Disabilities
400 East Campus View Boulevard, Columbus, OH 43235-4604
Phone: (614) 438-1391

The Ohio Counselor, Social Worker and Marriage and Family Therapist Board
77 South High Street, 24th Floor, Room 2468 Columbus, OH 43215-6171
Phone: (614) 466-0912

Ohio Recovery Housing
35 E. Gay Street, Suite 401 Columbus, OH 43215
Phone: 614-228-0747

Geauga County Board of Mental Health and Recovery Services
13244 Ravenna Road Chardon, OH 44024
Phone: (440) 285-2282

D. RIGHTS AND RESPONSIBILITIES OF THE CLIENT'S RIGHTS OFFICER/CLIENT ADVOCATE

The CEO shall approve the assignment of the Client's Rights Officer and an alternate. The Client's Rights Officer is authorized by the CEO to make any and all necessary investigations into the grievance on behalf of the client. Activities carried out by said officer and the results of any such activities shall not in any way affect the employment of said officer. Further, the client whom the Client's Rights Officer represents cannot be subject to intimidation, threats, coercion, discrimination, or any other retaliatory action by the Agency. Responsibilities of the Client's Rights Officer or his/her alternate shall include:

(1) Being knowledgeable and familiar with the Client Rights Policy and all supporting procedures;
(2) Hearing all Client Rights Policy grievances brought to the Agency and following all procedures relating to such policies;
(3) Overseeing and monitoring the application of the Client Rights Policy and corresponding procedures throughout the Agency;

(4) Being responsible for the ongoing training of all Client Rights Policy and corresponding procedures of Agency staff, including an initial orientation for all new staff, an annual training for all staff and ongoing training/information as requested by staff;
(5) Being available to staff for questions on all Client Rights Policy and procedure matters;
(6) Ensuring that all postings as stipulated in the Client Rights Policy and its related procedures are proper and in place.

E. **PROCEDURE FOR VIEWING OR OBTAINING CONFIDENTIAL MEDICAL RECORDS**

(1) A client may make a request to see his/her medical record. The request must be in writing and signed and dated. In the event of a minor who has not independently consented to treatment, the request must be made by the parent or legal guardian. In the event a minor has independently consented to treatment pursuant to ORC §5122.04 or applicable federal law, including 42 CFR Part 2, the minor may make the request and parental consent is not required. In the event a client is unable to request his/her own information, due to physical or mental impairment, or for any other reason wishes to be represented by another party other than a legal guardian, conservator or other legal representative of such individual shall make a written request. Evidence of legal representation must be present. The release of PHI (Protected Health Information) will be in accordance with HIPAA regulations.

(2) After submitting a written request to view medical records, staff will contact the individual within two business days to schedule an appointment to review (if desired) and receive medical records. The appointment shall occur no later than seven business days after staff contact. Requests to review a clinical record will be coordinated with the appropriate clinical supervisor. Clients are encouraged to view a copy of their clinical records with the appropriate mental health professional present. The client (or legal representative) may request and be entitled to a photocopy of all or any part of a medical record. Such copies shall be provided to the client (or legal representative). In the case of absence of the mental health professional, his or her clinical supervisor shall receive the request and respond under the terms of this procedure. If the clinical supervisor is absent, the COO or designee shall so comply.

(3) A mental health professional may deny access to a client's record if the mental health professional responsible for supervising the provision of mental health services to such individual has provided the system with written determination that disclosure of such information to such individual would be detrimental to such individual's health; **provided, however**, if such individual, the legal guardian, conservator, or other legal representatives of such individual, or an eligible system, acting on behalf of the individual described herein selects another mental health professional to review such information and such mental health professional determines, upon his/her professional

judgment, the disclosure of such information would not be detrimental to such individual's health, then the system may disclose the information to such individual. An eligible system may select a mental health professional under this section on behalf of (i) an individual whose legal guardian is the State, or (ii) an individual who has a legal guardian, conservator, or other legal representation other than the State if such guardian, conservator, or representative does not, within a reasonable time after such individual is denied access to information pursuant to this section, select a mental health professional to review such information. See Protection and Advocacy for Individuals with Mental Illness Act (42 U.S.C. 10806; Public Law 99-319 (May 23, 1986)).

(4) If the law of a State prohibits an eligible system from obtaining access to records of mentally ill individuals in accordance with 42 U.S.C. 10806, then Section E(3) above shall not apply to such system before:

a) the date such system is no longer subject to such a prohibition; or

b) the expiration of the 2-year period beginning on the date of the enactment of this Act, whichever occurs first.

(5) No charge will be made to the client for viewing a medical record or photocopies of said record.

(6) The written requests to see a record, date of the client review of the record, and any other relevant information shall become a part of the medical records.

(7) When a conflict arises between a child or adolescent and his or her family or guardian concerning his or her care, the following procedure shall be followed:

a) Both parties' desires shall be documented in the chart.

b) Parental decisions will be final, except where the minor has independently consented to treatment pursuant to ORC §5122.04 or applicable federal law, including 42 CFR Part 2, in which case the minor's rights with respect to such treatment shall govern.

F. PROCEDURE FOR PROVIDING AN ACCOUNTING OF USES AND DISCLOSURES OF CONFIDENTIAL MEDICAL RECORDS

1. A client may request an accounting of uses and disclosures of confidential medical records ("Accounting of Disclosures") made within the six (6) years prior to the date of the request (or a shorter time period chosen by the patient), other than disclosures excluded under 45 CFR §164.528(a)(1). The request must be made in writing, signed, and dated. In the event of a minor who has not independently consented to treatment, the request may be made by the parent or legal guardian. In the event a minor has independently consented to treatment pursuant to ORC §5122.04 or applicable federal law, including 42 CFR Part 2, the minor may make the request and parental consent is not required. If a client is unable to request his/her own information due to

physical or mental impairment, or if the individual wishes to be represented by another party other than a legal guardian, conservator or other legal representative, then the individual shall make a written request to the Agency. Evidence of legal representation must be present. The request for an Accounting of Disclosures shall be in accordance with 42 CFR Part 2 and 45 CFR §164.528.

2. After submitting a written request for an Accounting of Disclosures, staff shall contact the individual within twenty-eight (28) days to schedule an appointment to review (if desired) and receive the Accounting of Disclosures. This period may be extended once for a period up to thirty (30) days provided that the Agency, within the twenty-eight (28) day period described above, provides the client with a written statement of the reasons for the delay and the date by which the Agency will provide the Accounting of Disclosures. The appointment shall occur no later than seven (7) business days after staff contact. Clients are encouraged to review the Accounting of Disclosures with the appropriate representative of the Agency present. The client (or legal representative) may request and be entitled to a copy of part or all of the Accounting of Disclosures. In the case of absence of the appropriate representative of the Agency, a mental health professional or other staff familiar with the client's records or disclosures may review the Accounting of Disclosures with the client.

3. The contents of the Accounting of Disclosures must include all disclosures made in the period requested by the client, including those disclosures made to intermediaries and business associates. For each disclosure the accounting must include (i) the date of the disclosure, (ii) the name of the entity/person who received the disclosure and their address, if known, (iii) a brief description of the information disclosed, and (iv) a brief statement of the purpose of the disclosure that reasonably informs the individual of the basis for the disclosure or, in lieu thereof, a copy of a written request for an Accounting of Disclosure. If multiple disclosures have been made to the same entity/person, then the accounting may provide (i) the aforementioned details with respect to only the first disclosure to the entity/person, (ii) the frequency, periodicity, or number of the disclosures made during the requested period, and (iii) the date of the last such disclosure during the accounting period.

4. If a disclosure was made for a research purpose and at least fifty (50) similar disclosures of other clients' information were made, then the Accounting of Disclosures shall provide the following information with respect to such a research disclosure: (a) name of the research facility, (b) description, in plain language, of the research protocol or other research activity, including the purpose and criteria for selecting particular records, (c) brief description of the type of information that was disclosed, (d) date or period during which disclosures occurred, including the date of the last such disclosure during the accounting period, (e) the name, address, and telephone number of the entity that sponsored the research and the researcher to whom the information was disclosed, and (f) a statement that the client's information may or may not have been disclosed for other research activity. If it is reasonably likely that a client's information was disclosed for such research protocol or activity mentioned prior, the Agency shall, at the client's request, assist in contacting the entity that sponsored the research and the researcher.

5. Except in the following circumstances, the Agency cannot deny a request for an Accounting of Disclosures but may, with consent of the client, take more time than provided in the foregoing procedure to (a) deliver the Accounting of Disclosures to the client, or (b) hold the appointment with the client to review the Accounting of Disclosures. The Agency must temporarily suspend the client's right to an accounting if a health oversight agency or law enforcement official provides the Agency with a written statement that such an accounting would impede their respective activities, along with a specific time period for which a denial/suspension is required. If the request is made orally, the Agency must document the statement, including the identity of the requesting official, and the suspension shall not exceed thirty (30) days from the date of the oral statement.

6. No charge will be made to the client for their request for an Accounting of Disclosures. However, if a subsequent request is made within twelve (12) months of another request for an accounting by the client, then the Agency may impose a reasonable, cost-based fee, provided that the Agency informs the client in advance of the fee and provides the client with an opportunity to withdraw or modify the request to avoid or reduce the fee.

7. The Agency must retain for at least six (6) years (a) the information required to be included in an Accounting of Disclosures contemplated in Section F(1) above, (b) any written accounting that is provided to the client, and (c) the titles of persons or offices responsible for receiving and processing requests for an accounting by individuals.

G. PROCEDURE FOR RESTRICTING ACCESS TO CONFIDENTIAL MEDICAL RECORDS

1. A client may request a restriction on the uses and disclosures of records about the patient made to carry out treatment, payment or health care operations, including when the patient has signed written consent for such disclosures. The request shall be made in writing, signed, and dated. In the event of a minor who has not independently consented to treatment, the request may be made by the parent or legal guardian. In the event a minor has independently consented to treatment pursuant to ORC §5122.04 or applicable federal law, including 42 CFR Part 2, the minor may make the request and parental consent is not required. If a client is unable to request his/her own information due to physical or mental impairment, or if the individual wishes to be represented by another party other than a legal guardian, conservator or other legal representative, then the individual shall make a written request to the Agency. Evidence of legal representation must be present. The request for a restriction on uses and disclosures shall be in accordance with 42 CFR Part 2 and 45 CFR §164.522.

2. After submitting a written request for a restriction on the uses and disclosures of records about the patient made to carry out treatment, payment or health care operations, staff shall contact the individual within two (2) business days to inform the individual of whether the Agency has approved the requested restriction and, if granted, the implications such restriction will have on

the individual's care, need for additional consent, or otherwise. The Agency maintains the right to refuse any requested restriction except when the restriction relates to disclosures to health plans or other third party payers about services rendered by the Agency that the individual has fully paid for.

3. A client who has requested and been granted a restriction on the uses and disclosures of records about the patient made to carry out treatment, payment or health care operations, may terminate such restriction at any time. The request for termination must be provided: (a) in writing, or (b) orally with subsequent documentation of the oral request. The Agency may terminate any such restriction by withdrawing its agreement provided that: (a) the termination is effective only with respect to records created or received after informing the individual of termination, and (b) the restriction does not concern disclosures to health plans or other third party payers about services rendered by the Agency that the individual has fully paid for.

4. No charge will be made to the client for requesting or having been granted a restriction.

5. The request for restriction, any restriction agreed to by the Agency, and any termination by either the client or the Agency, shall become a part of the medical records.

6. When a conflict arises between a child or adolescent and his or her family or guardian concerning his or her restriction on use and disclosure, the following shall be followed:

a) Both parties' desires shall be documented in the chart.

b) Parental decisions shall be final, except where the minor has independently consented to treatment pursuant to ORC §5122.04 or applicable federal law, including 42 CFR Part 2, in which case the minor's rights with respect to restrictions on use and disclosure of such treatment records shall govern.

Paul G Bolin 11/10/2026

CEO **Date**