

CLIENT RIGHTS

Central Community Health Board

**Comprehensive Mental Health Center
Serving Greater Cincinnati & Hamilton County**

**532 Maxwell Avenue
Cincinnati, Ohio 45219
(513) 559-2000
(513) 559-2020 (FAX)**

CONSUMER RIGHTS

Clients of Ohio's Community Mental Health System are formally acknowledged to have certain rights in Ohio Administrative Rule 5122:2-1-02.

- 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 SERVICES, TREATMENT OR THERAPIES, AND OF THE ALTERNATIVES;**
- 4) **THE RIGHT TO CONSENT TO OR 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 AGENCY 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 A VALID AND SPECIFIC NECESSITY WHICH PRECLUDES AND/OR REQUIRES IN 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 INFORMED OF AND REFUSE ANY UNUSUAL OR HAZARDOUS TREATMENT PROCEDURES;**
- 11) **THE RIGHT TO BE ADVISED OF AND 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 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 OR 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 ONE'S 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 DANGEROUS OR SELF-INJURIOUS BEHAVIOR IS AN IMMINENT 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 EXPLANATION OF THE REASON(S) FOR DENIAL OF SERVICES;**
- 17) **THE RIGHT NOT TO BE DISCRIMINATED AGAINST IN THE PROVISION OF SERVICE ON THE BASIS OF RELIGION, RACE, COLOR, CREED, SEX, 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 AND UNCOMPROMISED ACCESS TO SERVICE;**
- 21) **THE RIGHT TO FILE A GRIEVANCE; AND**
- 22) **THE RIGHT TO HAVE ORAL AND WRITTEN INSTRUCTIONS FOR FILING A GRIEVANCE;**

THE PROGRAM'S CLIENT RIGHTS POLICY AND THE PROGRAM'S CLIENT GRIEVANCE PROCEDURE SHALL:

BE POSTED IN A PLACE ACCESSIBLE BY CLIENTS AT EACH PROGRAM SITE.

BE GIVEN TO EACH CLIENT AT ADMISSION, WITH DOCUMENTATION OF THE SAME THINGS INCLUDED IN THE CLIENT RECORD.

THE ABOVE RIGHTS (1-22) WILL BE SHARED (VERBALLY AND IN WRITING) WITH ALL NEW CLIENTS DURING THEIR FIRST OR SECOND SESSION. IF A CRISIS OR EMERGENCY SITUATION OCCURS OR IT'S APPARENT THAT A PARTICULAR CONSUMER IS INSUFFICIENTLY STABLE TO GRASP THE IMPLICATIONS OF THESE ISSUES; IT IS OF UTMOST IMPORTANCE THAT THE CLIENT OR APPLICANT SHALL BE VERBALLY ADVISED OF AT LEAST THE IMMEDIATELY PERTINENT RIGHTS, SUCH AS THE RIGHT TO CONSENT TO OR TO REFUSE THAT OFFERED TREATMENT AND THE CONSEQUENCES OF THAT AGREEMENT OR REFUSAL. WRITTEN COPY AND FULL VERBAL EXPLANATION OF THE CLIENT RIGHTS POLICY MAY BE DELAYED TO A SUBSEQUENT MEETING; AND PROVISION THAT CLIENTS OR RECIPIENTS OF THE TYPE OF MENTAL HEALTH SERVICES SPECIFIED AS "COMMUNITY SERVICES" (INFORMATION AND REFERRAL SERVICE, CONSULTATION SERVICE, MENTAL HEALTH EDUCATION SERVICE, PREVENTION SERVICE, TRAINING SERVICE; SEE PARAGRAPHS (D) (11) TO (D) (15) OF RULE 5122:2-1-01 OF THE ADMINISTRATIVE CODE) MAY HAVE A COPY AND EXPLANATION OF THE CLIENT RIGHTS POLICY UPON REQUEST.

THIS SHARING PROCESS WILL VARY FROM COMPONENT TO COMPONENT AS WILL THE PROCESS FOR INFORMATION CURRENT CLIENTS OF THESE ISSUES, e.g., SOME GROUPS WHEN APPROPRIATE AND SOME INDIVIDUALLY. HOWEVER, IN ALL CASES, THE OCCURRENCE OF THE SHARING OF THESE ISSUES, AS WELL AS THE GRIEVANCE PROCEDURE WILL BE CLEARLY DOCUMENTED IN EACH CLIENT'S RECORD. COPIES WILL BE GIVEN TO EACH CONSUMER, AND THE ISSUES WILL BE DISCUSSED. CCHB'S QUALITY ASSURANCE COMMITTEE WILL MONITOR COMPLIANCE WITH PERIODIC, RANDOM EXAMINATIONS OF CLIENT RECORDS.

CLIENT GRIEVANCE PROCEDURE

THE CENTRAL COMMUNITY HEALTH BOARD (CCHB) SUPPORTS THE RIGHT OF MENTAL HEALTH SERVICE CONSUMERS TO HAVE COMPLAINTS AND CONCERNS HEARD IN A FAIR AND RESPONSIBLE WAY. IN AN EFFORT TO RESOLVE GRIEVANCES AT AS LOW A LEVEL AS POSSIBLE, EACH CLINICAL COMPONENT DIRECTOR WILL SERVE AS COMPONENT CLIENT RIGHTS OFFICER (CCRO) FOR HIS/HER RESPECTIVE COMPONENT.

IN ADDITION TO THE CCRO, THE ORGANIZATIONAL CLIENT RIGHTS OFFICER (OCRO) SHALL BE RESPONSIBLE FOR THE COLLECTION OF ALL RELEVANT DATA THAT IS TO BE REPORTED TO MONITORING AGENCIES. THE AGENCY CLIENT RIGHTS OFFICER SHALL ASSURE THE KEEPING OF RECORDS OF GRIEVANCES RECEIVED, THE SUBJECT MATTER OF THE GRIEVANCES, AND THE RESOLUTION OF THE GRIEVANCES. THE AGENCY RECORDS SHALL BE AVAILABLE FOR REVIEW BY THE COMMUNITY MENTAL HEALTH BOARD AND THE DEPARTMENT OF MENTAL HEALTH UPON REQUEST.

THE AGENCY CLIENT RIGHTS OFFICER SHALL SUBMIT AN ANNUAL A SUMMARY REPORT TO THE BOARD; INCLUDING THE NUMBER OF GRIEVANCES RECEIVED, TYPE OF GRIEVANCES, AND RESOLUTION STATUS OF GRIEVANCES.

CCHB'S MENTAL HEALTH SERVICES PROGRAM SHALL HAVE A CLIENT GRIEVANCE PROCEDURE SUCH AS THE FOLLOWING:

- 1) THE GRIEVANCE MUST BE IN WRITING.**
- 2) THE GRIEVANCE MUST BE DATED AND SIGNED BY THE CLIENT OR THE INDIVIDUAL FILING THE GRIEVANCE ON BEHALF OF THE CLIENT. THE CRO IS AVAILABLE FOR:**

- (a) ASSISTANCE IN FILING THE GRIEVANCE IF NEEDED BY THE GRIEVER
 - (b) INVESTIGATION OF THE GRIEVANCE ON BEHALF OF THE GRIEVER
 - (c) AGENCY REPRESENTATION FOR THE GRIEVER AT THE AGENCY HEARING ON THE GRIEVANCE IF DESIRED BY THE GRIEVER.
- 3) THE GRIEVANCE INCLUDE THE DATE, APPROXIMATE TIME, DESCRIPTION OF THE INCIDENT AND NAMES OF INDIVIDUALS INVOLVED IN THE INCIDENT/SITUATION BEING GRIEVED.
- 4) GRIEVANCE MUST BE GIVEN TO THE OCRO:
LINDA McKENZIE
532 MAXWELL AVENUE
(513) 559-2015
(513) 559-2013 (FAX) MONDAY - FRIDAY 8:30AM TO 5:15PM
- ALTERNATE CRO: MARY BYRD, (513) 559-2902
- 5) THE CRO WILL CONDUCT AN INVESTIGATION ON BEHALF OF THE GRIEVER AND MAKE A RESOLUTION DECISION ON THE GRIEVANCE WITHIN TWENTY WORKING DAYS OF RECEIPT OF THE GRIEVANCE. ANY EXTENUATING CIRCUMSTANCES INDICATING THAT THIS TIME PERIOD WILL NEED TO BE EXTENDED MUST BE DOCUMENTED IN THE GRIEVANCE FILE AND WRITTEN NOTIFICATION GIVEN TO THE CLIENT. WRITTEN NOTIFICATION AND EXPLANATION OF THE RESOLUTION WILL BE PROVIDED TO THE CLIENT, OR TO THE GRIEVER IF OTHER THAN THE CLIENT WITH THE CLIENT'S PERMISSION.
- 6) A HEARING WILL BE HELD; AFTER THE INVESTIGATION HAS BEEN IN REFERENCE TO THE GRIEVANCE CONDUCTED. IF DESIRED, THE CLIENT SHALL BE REPRESENTED BY THE OCRO. THE RESOLUTION WILL BE AVAILABLE FOR THE CLIENT TO PICK UP OR TO BE MAILED BY THE 20TH. WORKING DAY.

OCRO, MS. LINDA McKENZIE IS AVAILABLE TO ASSIST A CLIENT IN FILING A GRIEVANCE. A WRITTEN ACKNOWLEDGMENT OF RECEIPT OF THE GRIEVANCE WILL BE PROVIDED TO EACH GRIEVANT. SUCH ACKNOWLEDGEMENT SHALL BE PROVIDED WITHIN THREE WORKING DAYS FROM RECEIPT OF THE GRIEVANCE. THE WRITTEN ACKNOWLEDGEMENT SHALL INCLUDE, BUT NOT BE LIMITED TO, THE FOLLOWING:

- A) DATE 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

WHEN THE OCRO IS THE SUBJECT OF A GRIEVANCE, THE ALTERNATE OCRO, MARY BYRD, WILL BE RESPONSIBLE FOR COMPLETING THE GRIEVANCE PROCESS.

EACH CLIENT HAS THE OPTION TO FILE A GRIEVANCE WITH OUTSIDE ORGANIZATIONS, THAT INCLUDE, BUT ARE NOT LIMITED TO, THE FOLLOWING:

- A) HAMILTON COUNTY COMMUNITY MENTAL HEALTH BOARD
2350 AUBURN AVENUE
CINCINNATI, OH 45219
(513) 946-8600, FAX (513) 946-8650**

- B) OHIO DEPARTMENT OF MENTAL HEALTH
30 EAST BROAD STREET, 8TH FLOOR
COLUMBUS, OH 43215-3430
(614) 466-2596, FAX (614) 466-1571**

- C) OHIO LEGAL RIGHTS SERVICE
8 EAST LONG STREET, 5TH FLOOR
COLUMBUS, OH 43266-0523
1-800-282-9181**

- D) ATTORNEY GENERAL'S OFFICE
HEALTH CARE FRAUD CONTROL
101 E. TOWN ST., 5TH FLOOR
COLUMBUS, OH 43266-0410
(614) 466-0722 FAX (614) 644-9973**

- E) U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES OFFICE FOR CIVIL RIGHTS
REGION V
105 WEST ADAMS ST.
CHICAGO, IL 60603
ATTN: MARILYN BRUSHERD
(312) 886-5078**

- F) OHIO CLIENT ASSISTANCE PROGRAM
GOVERNOR'S OFFICE OF ADVOCACY FOR PEOPLE WITH DISABILITIES
30 E. BROAD ST., SUITE 1201
COLUMBUS, OH 43266-0400
1-800-228-5405 (TOLL FREE), (614) 466-7956
FAX (614) 752-4197**

- G) COUNSELOR AND SOCIAL WORKER BOARD
77 SOUTH HIGH STREET, 16TH FLOOR
COLUMBUS, OH 43266
(614) 466-8808**
- H) STATE MEDICAL BOARD
PUBLIC INQUIRIES
77 SOUTH HIGH STREET, 17TH FLOOR
COLUMBUS, OH 43266
(614) 466-3934**
- I) NURSING EDUCATION & NURSE REGISTRATION
BOARD
77 SOUTH HIGH STREET, 17TH FLOOR
COLUMBUS, OH 43266
(614) 466-3947**
- J) STATE BOARD OF PSYCHOLOGY
77 SOUTH HIGH STREET, 18TH FLOOR
COLUMBUS, OH 43266
(614) 466-8808, FAX (614) 644-8112**
- K) ALCOHOL AND DRUG ADDICTION SERVICES BOARD
830 MAIN STREET, SUITE 1205
CINCINNATI, OHIO 45202
(513) 621-7202**

UPON REQUEST, ALL RELEVANT INFORMATION ABOUT THE GRIEVANCE AND RESOLUTION SHALL BE PROVIDED TO ONE OR MORE OF THE ORGANIZATIONS SPECIFIED ABOVE, TO WHICH THE GRIEVER HAS INITIATED A COMPLAINT.

ORGANIZATIONAL CLIENT RIGHTS OFFICER

**LINDA McKENZIE
CENTRAL COMMUNITY HEALTH BOARD
532 MAXWELL AVENUE
CINCINNATI, OHIO 45219**

**(513) 559-2015
(513) 559-2013 (FAX)
E-MAIL: LMcKENZIE@CCHBINC.COM**

**HOURS: 8:30AM TO 5:15PM
MONDAY THROUGH FRIDAY**