



PATIENT RIGHTS POLICY AND GRIEVANCE PROCEDURE

Effective 02/01/2021 Section No. 08.02.00.00

PURPOSE

To protect and enhance the rights of persons applying for or receiving CHC Addiction Services (CHC) services by establishing specific rights of patients and procedures for responsive and impartial resolution of patient grievances.

DEFINITIONS

1. “Patient” means an individual applying for or receiving services from CHC.
2. “Patient Rights Officer” or “Client Advocate” is the individual staff member designated by the Chief Executive Officer to assure CHC’s compliance with the patient rights and grievance procedure policy.
3. “Grievance” means a written complaint initiated either verbally or in writing by a patient or by any other person or provider on behalf of a patient regarding denial or abuse of any patient’s rights.
4. “Reasonable” means a standard for what is fair and appropriate under usual and ordinary circumstances.
5. “CHC services” means both direct patient services and indirect patient services that are listed under paragraph (A)(2) of Rule 5122:25-01 of the Ohio Administrative Code.

A complete copy of the Patient Rights Policy can be obtained by contacting the Patients’ Rights Officer at 330-315-2635.

PATIENT RIGHTS

In conformance with Rule 5122-26-18 of the Administrative Code, CHC Addiction Services acknowledges that each patient has all of 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 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.**

PATIENT RIGHTS OFFICER

1. In order to insure the protection of patient rights, CHC shall make provision to establish the position of Patient Rights Officer or Client Advocate. The Patient Rights Officer, or designee, shall assist the patient in filing a grievance, when requested. The Patient Rights Officer shall investigate, oversee, and when requested by the patient, represent the griever in the course of the grievance process for any grievance filed by a patient or other person or agency on behalf of a patient.
2. The Chief Executive Officer has appointed Adam Kulesza, the Compliance Officer, as the Patient Rights Officer. The office is located at 702 East Market Street, Akron, Ohio, and is staffed Monday through Friday from 8:00 am. until 4 pm., telephone number 330-315-3727.

PATIENT RIGHTS POLICY AND GRIEVANCE PROCEDURE

1. The Patient Rights Officer, or designee, will be available to assist a client in the filing of a grievance.
2. The written grievance must be put into writing; the grievance may be made verbally and the Client Rights Officer, or designee, shall be responsible for preparing a written text of the grievance.
3. The written grievance must be dated and signed 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.
4. The grievance should include, if available, the date, approximate time, description of the incident and names of individuals involved in the incident or situation being grieved.
5. CHC will make a resolution decision on the grievance within twenty business 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 patient.
6. The Patient Rights Officer, or designee, will provide written acknowledgement of receipt of the grievance to the grievant within three business days from receipt of the grievance. The written acknowledgement shall include, but not be limited to, the following: date grievance was received, the summary of the grievance, overview of the grievance investigation process, timetable for completion of investigation and notification of resolution, and treatment provider contact name, address, and telephone number.
7. The Patient Rights Officer, or designee, shall be responsible for assuring that records of grievances filed are maintained for at least two years after resolution, monitored for emerging trends and/or patterns and the findings reported to the agency's Performance Improvement committee and CEO on a regular basis.
8. The Patient Rights Officer, or designee, shall be responsible for assuring that records of patient grievances shall include, at a minimum, the following: copy of the grievance, documentation reflecting process used and resolution/ remedy of the grievance, and documentation, if applicable, of extenuating circumstances for extending the time period for resolving the grievance beyond twenty business days.

POSTING OF PATIENT RIGHTS

1. The client rights policy and grievance procedure shall be posted in each location in which services are provided, unless the certified agency location is not under the control of CHC, i.e. a shared location such as a school or jail.
2. The patient rights policy and grievance procedure shall be posted in a conspicuous location that is accessible to persons served, their family or significant others and the public.
3. When a location is not under the control of CHC and it is not feasible to post the patient rights policy and grievance procedure, CHC shall assure that copies are available at the location for each person that may request a written copy.

INFORMED EMPLOYEES

Every staff person, including administrative support, contract staff, volunteers and student interns shall be familiar with the patient rights policy and the patient grievance procedure. There will be documentation in each employee personnel file that he/she has received a copy of the patient rights policy and the patient grievance procedure and has agreed to abide by them. In addition, staff will provide a copy of patient rights to any patient and explain any and all aspects of patients' rights and the grievance procedure upon request.

1. The Patient Rights Policy and the Grievance Procedure will be included in The Policies and procedures Manual of CHC Addiction Services.
2. These documents are discussed with the new employee by the supervisor during the first week of employment. The employee shall acknowledge receipt by initialing the designated place on the orientation record, and this will be kept in their personnel file.

AVAILABILITY OF PATIENT RIGHTS AND THE GRIEVANCE PROCEDURE

1. Staff conducting admission/intake shall provide and explain, during the interview, the Patient Rights and Grievance Procedures to each individual who presents him/herself for treatment at CHC Addiction Services. At that time, each patient shall receive a written copy of this document or the statements in the Patient Handbook. A patient signature indicating he/she has received and understands these shall be entered in the patient file.
2. Employees shall inform the patient that they have the right to go directly to the Ombudsman of the ADM Board and bypass the internal grievance procedure, if they so choose, and they have the option to file a grievance with outside organizations that include, but are not limited to, Ohio Department of Mental Health and Addiction Services, Disability Rights Ohio, and/ or the U.S. Department of Health and Human Services, Civil Rights Regional Office in Chicago.
3. In an emergency or if the patient is unable to comprehend the information, there will be a verbal explanation of the relevant rights including the right to consent to or refuse the offered treatment and the consequences of that agreement or refusal. The written Patient Rights and Grievance Procedures will be presented as soon as possible.
4. A copy of the Patient Rights Policy and Grievance Procedure will be posted in a conspicuous place in each building operated by CHC Addiction Services and shall be available upon request of a patient or other person or agency.

RESPONSIBILITIES

Chief Executive Officer

It is the responsibility of the Chief Executive Officer to see that the Patient Rights Policy is carried out.

Patient Rights Officer

It is the responsibility of the Patient Rights Officer to oversee the process of any grievance filed. It is further the responsibility of the Patient Rights Officer to maintain records of grievances filed for at least two years according to the policy. If the grievance is against a CHC staff member and found to be in favor of the patient, it is the Patient Rights Officer's responsibility to inform the CEO of the grievance outcome.

Human Resources Director

It is the responsibility of the Human Resources Director to assure that the orientation of every new employee includes an overview of patient rights, the grievance procedure and responsibilities of every employee.

PATIENT CIVIL RIGHTS POLICY

It is the policy of CHC Addiction Services to treat all patients without discrimination in provision of service in regard to 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 law. The same requirements are applied to all, and patients are assigned without regard to race, ethnicity, age, color, religion, gender, national origin, sexual orientation, physical or mental handicap, developmental disability, genetic information, or human immunodeficiency virus status. There is no distinction in eligibility for, or in the manner of, providing patient services. All services are available without distinction to all patients and visitors regardless of race, ethnicity, age, color, religion, gender, national origin, sexual orientation, physical or mental handicap, developmental disability, genetic information, or human immunodeficiency virus status. All persons and organizations having occasion either to refer patients for services or to recommend CHC Addiction Services are advised to do so without regard to the potential patient's race, ethnicity, age, color, religion, gender, national origin, sexual orientation, physical or mental handicap, developmental disability, genetic information, or human immunodeficiency virus status.

The person designated to coordinate compliance with Section 504 of the Rehabilitation Act of 1973 (Nondiscrimination Against the Disabled) is Adam Kulesza, who can be reached at 330-315-3727. Any person who feels they have been discriminated against because of their race, ethnicity, age, color, religion, gender, national origin, sexual orientation, physical or mental handicap, developmental disability, genetic information, or human immunodeficiency virus status has the right to file a complaint.

Please submit complaints to:

CHC Addiction Services

Adam Kulesza, Patient Rights Officer

702 E. Market Street

Akron, Ohio 44305

330-315-3727

Email: Adam.Kulesza@chcaddiction.org

Hours of Availability: Monday through Friday, 8 AM – 4 PM

Patients have the option to file a grievance with outside organizations that include, but are not limited to, the following:

County of Summit ADM Board

1867 West Market Street, Suite B2

Akron, OH 44313

330-762-3500

Ohio Mental Health and Addiction Services

30 E. Broad Street, 36th Floor

Columbus, Ohio 43215-3430

614-466-2596

TTY: 614-752-9696

Disability Rights Ohio

200 Civic Center Drive, Suite 300

Columbus, OH 43215

614-466-7264

Office for Civil Rights

Dept. of Health and Human Services

233 N. Michigan Avenue, Suite 240

Chicago, IL 60601

Customer Response Center: 800-368-1019

TDD: 800-537-7697

Please contact Adam Kulesza, CHC Addiction Services Compliance Officer/ Patient Rights Officer if you have any questions, to file a complaint or grievance, or to obtain assistance in doing so:

Phone (330) 315-3727 or in person/ via mail at: Compliance Officer, 702 E. Market Street, Akron, OH 44305, Hours of Availability: 8 AM – 4 PM, Monday through Friday.

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