

**Summit County Public Health
Behavioral Health Program
Client Rights and Grievance Policy and Procedures
Reviewed 4-6-26**

Issuer: Clinical Supervisor

1. It is the policy of the Behavioral Health Program (BHP) that records of client grievances are maintained in accordance with SCPH Policy 6.15 (Record Retention) and the SCPH Records Retention Schedule (RC-2), including applicable HIPAA record retention requirements.
2. A copy of the grievance shall be maintained.
3. The record shall maintain documentation reflecting the process used to resolve/remedy the grievance.
4. If applicable, documentation of extenuating circumstances for extending the time period for resolving the grievance beyond twenty business days.

BHP clients have the following rights in addition to the broader SCPH policies and procedures for client rights and grievances.

1. The right to be treated with consideration and respect for personal dignity, autonomy and privacy.
2. The right to receive services in the least restrictive, feasible environment.
3. The right to reasonable protection from physical, sexual, emotional abuse, neglect, retaliation, and inhuman treatment.
4. The right to be free from financial or other exploitation, including coercion, manipulation, or misuse of the person's funds, benefits, property, personal information, or resources.
5. The right to be free from humiliation, ridicule, harassment, or degrading treatment, and to be treated with dignity and respect at all times.
6. The right to be informed of one's own condition, available program services, and other information needed to make informed decisions about care and treatment, in a manner the client can understand and in sufficient time to support decision-making.
7. The right to give informed consent, express choice, or to refuse or withdraw consent regarding service delivery, treatment or therapy, release of information, concurrent services, and the composition of the service delivery team, except as permitted or required by law.
8. The right to participate in the development, review, and revision of one's own individualized treatment plan and receive a copy of it.
9. The right to be informed of the composition of the service delivery team, including the roles of individuals involved in the person's services, and to express preferences and

concerns regarding team involvement consistent with program requirements, clinical appropriateness, and staffing availability.

10. 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.
11. The right to be informed of and to express choice regarding concurrent services, including coordination of care and information sharing when authorized by the person served or permitted/required by law.
12. The right and 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.
13. The right to be informed and the right to refuse any unusual or hazardous treatment procedures.
14. 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.
15. The right to consult with an independent treatment specialists or legal counsel at one's own expense.
16. The right to access or receive referral to self-help, mutual support, and advocacy support services, when requested or clinically appropriate.
17. The right to be assured that, if the program involves clients in research projects or uses de-identified aggregate client information for research purposes, such activity will be conducted in accordance with applicable legal requirements, privacy protections, and ethical standards.
18. 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.
19. The right to give informed consent for the release of information and to refuse or withdraw consent for the release of information at any time, except as permitted or required by law. The person served has the right to understand what information will be released, to whom, for what purpose, and for what time period.
20. The right to have access to one's own client record in accordance with program procedures. Access to records may only be restricted for clear treatment reasons. If access is restricted, the treatment plan shall include the reason for the restriction, and the treatment being offered to remove the restriction.
21. The right to be informed of the reason(s) for terminating participation in a program. Clients have a right to be informed with 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 unable or not necessary.

22. The right to be informed of the reason(s) for denial of a service.
23. 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.
24. The right to know the cost of services.
25. The right to be verbally informed of all client rights, and to receive a written copy upon request.
26. The right to exercise one's own rights without reprisal, except that no right extends so far as to supersede health and safety considerations.
27. The right to all other legal rights provided by federal, state, and local law.
28. The right to file a grievance in accordance with program procedures.
29. The right to have oral and written instructions concerning the procedure for filing a grievance as well as assistance in filing a grievance if requested.

The Additional procedures apply to BHP in addition to established procedures for SCPH.

Procedure:

Grievances or complaints shall be submitted to the Personnel Officer / Human Resources, between 8:00 a.m. – 4:00 p.m., Monday – Friday, at 1867 West Market Street, 330-923-4891. Human Resources will assist in filing and investigating the grievance if requested by the client and will accompany the client at a grievance hearing if desired by the client.

1. Review Complaint / Intake

Human Resources will review the complaint/grievance for completeness and obtain any additional information or clarification from the complainant where necessary and able.

2. Interim Relief (if needed)

Human Resources will determine whether interim relief is necessary. Taking action before the investigation is complete may be necessary for health or safety reasons, or in situations that are very disruptive or emotionally charged. Temporary transfers, reassignments, or paid leave are examples of interim relief that can be used when necessary.

3. Assign an Investigator

The investigation will generally be conducted by the Personnel Officer/Human Resources, Legal Counsel, or a designee, unless such person would present a conflict.

4. Investigation Steps / Collect Statements and Documentation

The investigator will collect statements from the subject of the complaint and all relevant witnesses and will obtain and review any additional relevant documents (including emails, notes, logs, or other documentation, and other records as applicable). Legal counsel may be consulted as needed.

Investigations should be completed within five (5) business days. If an investigation cannot be completed within the timeframe, the investigator must communicate such delay to the **Health Commissioner (or designee)** and to the complainant, if a complainant is named.

5. Summary of Investigation / Approval

After documenting the facts gathered during the investigation, the investigator will complete a Summary of Investigation that summarizes what happened, identifies relevant policies and procedures, provides key factual findings, analyzes inconsistent or conflicting information, and concludes by indicating any necessary course of action. An investigator is not required to utilize a specific form to report investigation results.

The Summary of Investigation and all supporting documentation will be submitted to the Health Commissioner (or designee) for approval. Complaint files and Summaries of Investigation will be maintained separately from Personnel files.

6. Resolution / Actions Taken

If the Summary of Investigation includes any actions to be taken, documentation of those actions must occur. Documentation of actions taken will be forwarded to Human Resources to complete the complaint file.

7. Confidentiality and Non-Retaliation

SCPH cannot guarantee, but will do its best to ensure confidentiality over investigations and will not retaliate against anyone who files a grievance/complaint or participates in an investigation.

8. Notification to Complainant

A copy of the Summary of Investigation will be provided to the complainant unless the complainant filed anonymously. This may be provided in person or via email, regular mail, or interoffice.

9. Record Retention

Records of client grievances will be retained in accordance with SCPH Policy 6.15 (Record Retention) and the SCPH Records Retention Schedule (RC-2), including applicable HIPAA record retention requirements.

Outside Entities: The grievant, at any time, has the option to file a complaint with any or all of the following several outside entities:

- **The County of Summit, Alcohol, Drug & Mental Health Board.** Summit County ADM Board, 1867 West Market Street, Suite B, Akron, Ohio 44313. Telephone: 330-564-4087.
- **The Ohio Department of Behavioral Health Services,** 30 East Broad Street, 8th Floor, Columbus, Ohio 43215. Telephone: 614-466-2596.
- **Disability Rights Ohio (fka Ohio Legal Rights Service),** 200 South Civic Center Drive, Columbus, Ohio 43215. Telephone: 800-282-9181; 614-466-7264; 1-800-282-9181; TTY.
- **The Office for Civil Rights at the U.S. Department of Health and Human Services,** 233 North Michigan Ave., Suite 1300, Chicago, IL 60601. Telephone: 312-353-5160 and appropriate professional licensing or regulatory associations.

The Personnel Officer/Human Resources (or designee) will, on request, provide any of the above addresses and telephone numbers. Relevant information will be submitted to those organizations upon written request of the client and consistent with applicable confidentiality laws and requirements.

Conflict of Interest: In the case where Human Resources is the subject of the grievance or otherwise has a conflict, the contact person will be the **Health Commissioner (or designee)** who will assign an alternate investigator. The procedure is the same.

Training: In-service training for staff regarding the grievance procedure will be conducted as necessary.