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BEHAVIORAL HEALTH

Mental Health Client Rights, Responsibilities, and Grievance Procedure

Clients Rights (per OAC 5122-26-18)

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.
22. The right to consent to or refuse a 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 child. **In accordance with Section 5122.04 of the Ohio Revised Code, Mental Health Services, except for the use of medication, may be provided to minors 14 years of age or older for not more than 6 sessions or 30 days whichever occurs first, without knowledge or consent of a parent or guardian.**

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Client Responsibilities (per OAC 5122-26-18)

1. Set and attend scheduled appointments with your Provider.
2. Provide a copy of legal custody or guardianship papers at the first appointment and report if custody or guardianship changes.
3. Pay all fees that are due.
4. Provide accurate and thorough information about your physical and mental health.
5. Help plan, revise, and follow through with your goals.
6. Keep your Provider informed about changes in your condition and progress towards meeting your goals.
7. Report if you are dissatisfied with services or if the treatment is ineffective for you.
8. Participate in sessions unimpaired by alcohol or other drugs (Your Provider may refuse to see you if you are under the influence of alcohol or other drugs at the time of the appointment).
9. Participate in updates of records/documentation as indicated by your Provider.
10. Honor confidentiality and privacy of other clients.
11. Terminate your treatment relationship before beginning with another Provider.

Grievance Procedure (per OAC 5122-26-18)

The following administrative procedure is based on the principle that clients must have a way to file a grievance within the practice structure. This procedure is available to all clients. The Client Rights Policy will be given to every client at the time of intake with a form for them to sign indicating they have received it. When a client is seen in an emergency or crisis situation, the client will be verbally informed of pertinent rights and a written copy and a full explanation delayed until the next scheduled appointment. The griever/client may contact the Client Rights Officer (CRO), Jacob Hamm at (310) 497-3702. Available hours: Monday – Friday, 8:30 a.m. – 5:30 p.m.

STEP 1: If you are dissatisfied with your provider or have any concerns, please express your concerns to your provider if possible.

STEP 2: If your concerns are not able to be resolved with your provider, then you may file a grievance. A grievance of any procedure or policy is to be brought to the attention of the CRO identified above in writing. Assistance in preparing the grievance will be provided by the CRO. The CRO will meet with the client and investigate on behalf of the griever, if necessary.

STEP 3: If the situation or concern is not resolved, you may terminate the treatment relationship and/or contact:

Stark County Mental Health & Addiction Recovery 121 Cleveland Avenue SW Canton, OH 44702 (330) 455-6644 https://starkmhar.org/	**Counselor, Social Worker and Marriage & Family Therapist Board** 77 S. High Street, 24th FL, Room 2468 Columbus, OH 43215-5919 (614) 466-0912 www.cswmft.ohio.gov	**Ohio Dept. of Mental Health and Addiction Services** 30 East Broad Street, Suite 742 Columbus OH 43215-3430 (614) 466-2596 www.mh.state.oh.us
Mahoning County ADAMHS Board 222 W. Federal St., Suite 201 Youngstown, OH 44503 (330) 746-2959 https://www.mahoningcountyoh.gov/912/Mental-Health-Recovery-Board	**Ohio Board of Nursing** 17 South High Street, Suite 660 Columbus OH 43215-3430 (614) 466-9560 https://nursing.ohio.gov/	**Governor John Kasich Office** 77 South High Street, 30th Floor Columbus, OH 43215-6108 (614) 466-3555 www.governor.ohio.gov