

THE COUNSELING SOURCE, INC.

POLICY AND PROCEDURE

TITLE: CLIENT RIGHTS

PURPOSE: To ensure the protection and promotion of rights of the individuals served at The Counseling Source, Inc., and responsive and impartial resolution of client grievances.

POLICY:

The Counseling Source will uphold the rights of persons receiving services and a grievance procedure for those persons according to relevant federal, state, and local statutes as well as accrediting bodies. This shall also be consistent with laws and regulations related to persons with Human Immunodeficiency Virus (HIV).

PROCEDURE: CLIENT RIGHTS AND GRIEVANCE PROCEDURES

RIGHTS:

1. It is the policy of The Counseling Source to adhere to the client rights defined and described in Ohio Administrative code. A copy of the definitions and specific rights is provided to each client upon admission and considered the policy of The Counseling Source.
2. The Client Rights Officer shall be located at 10921 Reed Hartman Highway, Suite 133, Cincinnati, Ohio 45242, telephone number 513-984-9838 or 800-618-0688. Hours of availability are 9:00 A.M. to 5:00 P.M.
3. Responsibility of the Client Rights Officer shall include accepting and overseeing the process of any grievance filed by a client or other person or agency on behalf of a client. Additionally, the client rights officer will have the responsibility for assuring compliance with the client rights and grievance procedure rule.
4. A copy of the Client Rights and Grievance procedure shall be distributed to each client at intake or next subsequent appointment in writing or orally and to applicants upon request. In the event a client continues in services longer than one year, annually a copy of the Client Rights will be provided to the client. Agency staff will explain the client rights policy and/or provide a copy at any time upon request.
5. In an emergency situation, the client or applicant shall be verbally advised of the immediately pertinent rights such as the right to consent or refuse treatment and subsequent consequences. Written copy and verbal explanation of this policy shall be given to the client in a subsequent meeting.
6. A copy of the client rights will be posted in the lobby of The Counseling Source, Inc., office.

7. Staff will be provided with training related to client rights and grievance procedures. This will include every staff person, including administrative, clerical, and support staff and that they clearly understand, specified, continuing responsibility to immediately advise any client or any other person who is articulating a concern, complaint, or grievance, about the name and availability of the agency's client rights officer and the complainant's right to file a grievance.
8. The Counseling Source, Inc. does not discriminate with regard to clients served on the basis of race, gender, ethnicity, socioeconomic status, or medical status including HIV. Likewise, consideration will be given to a client's culture, age, gender, sexual orientation, spiritual beliefs, socioeconomic status and language in the implementation of this procedure. If a translation of the rights is necessary, this will be provided upon request.
9. The Counseling Source, Inc. will not enroll any client in a research project without prior written informed consent, allowing the client to make an expression of choice. (See Research policy/procedure for further instructions.)

GRIEVANCES:

1. The Client Rights Officer shall be available to assist the griever in the process of filing a grievance, investigation on behalf of the griever, and representing the griever at the agency hearing if desired by the griever. In the event the Client Rights Officer is the subject of the grievance, an alternative Client Rights Officer will be the Executive Director.
2. Grievances are to be filed with the Client Rights Officer who is located as described above.
3. All grievances will be heard by an impartial clinician having no involvement with the client or situation that is the subject of the grievance. The procedure for hearing grievances shall include in person and/or telephone contact with the griever (and/or a representative as appropriate), and as appropriate, contact with others who are the subject of the grievance (including agency staff) and review of records.
4. Time line for resolution of grievances shall not exceed twenty working days from the filing of the grievance. Written notification of the resolution of the grievance shall be provided to the client or the griever, if other than the client (with the client's permission). Written resolution of the grievance shall be sent by certified mail to the client or griever's last known mailing address.
5. There is no specified time limit for the filing of a grievance.
6. Should the griever feel that the person hearing the grievance does not adequately resolve the grievance, an appeal may be filed with the Executive Director. The Executive Director shall have ten days from the filing of the appeal to further investigate the grievance and shall provide written resolution to the griever by certified mail.

7. All written resolutions shall be in language that is understandable to the client/griever.
8. The griever may file a complaint with any or all of the several outside entities, specifically the Community Mental Health Board, the Ohio Department of Mental Health, the Ohio Legal Rights Service, the U.S. Department of Health and Human Services, and appropriate professional licensing or regulatory agencies. Relevant addresses and telephone numbers are provided and are attached to the Client Rights and Grievance Procedure documents. Information about the grievance may be provided to these outside entities upon request.
9. Copies of the grievance procedure will be provided to each client upon admission and to an applicant upon request. Agency staff shall explain the grievance procedure at any time upon request and in language that is understandable to the client.
10. Client grievances and appeals will be recorded in a log by the Clients Rights Officer and reviewed monthly at The Counseling Source's Quality Improvement Committee. Annually, efforts will be made to determine trends in complaints and to identify areas for performance improvement.

REFERENCED STANDARDS AND REGULATIONS: ODMH Administrative Code 5122: 26-18, ODMH Administrative Code 5122:2-1-02, CARF Behavioral Health Standards Manual; Client Rights

EFFECTIVE DATE: 4/28/2005

REVIEWED: February 2018

David F. Turner, Ph.D., Executive Director