

**Mental Health America of Northern Kentucky & Southwest Ohio**  
**Clients Rights and Grievance Procedures**

A. CLIENT 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 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 of and 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. The right does not prohibit an agency from using closed-circuit monitoring and 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 independent treatment specialist or legal counsel at one's own expense.

## B. CRO's Responsibilities

- 1) All aspects of client's rights and the grievance procedure will be explained to each person served prior to or when beginning services. Staff shall provide documentation in the client record of the exchange.
- 2) In a crisis or emergency situation, or when the client does not present for services in person, staff shall verbally advise the client of at least the immediately pertinent rights only, such as the right to consent to or refuse the offered treatment and the consequences of that agreement or refusal. Full verbal explanation of the client rights policy shall be provided at the first subsequent meeting.
- 3) Clients or recipients of referral and information service, consultation service, or prevention service may have a copy and explanation of the client rights policy upon request.
- 4) Explanation of right shall be in a manner appropriate for the person's understanding.
- 5) All staff shall be required to follow the client rights policy and client grievance procedure. There shall be documentation in each employee's personnel record, including contract staff, volunteers, and student interns that each staff member has received a copy of the client rights policy and the client grievance procedure and has agreed to abide by them.

## C. Grievances shall be directed to:

**For Ohio Services:** Heidi Bohman, Associate Director of Clinical Care Coordination. She can be reached at 513-721-2910. The agency address is 11238 Cornell Park Drive, Blue Ash Ohio 45242. CRO's office hours are most Monday- Friday from 8:30 am to 4:30 pm. In Heidi's absence or unavailability, Ashley Bailey, Information and Technology Coordinator (same phone number/address/business hours) will accept grievances. Both Heidi and Ashley will be available to assist a client in the filing of a grievance.

### **For Kentucky Services:**

Kentucky Office: Heidi Bohman; Associate Director of Clinical Care Coordination. She can be reached at 859-431-1077. The agency address is 1002 Monmouth Street, Newport Kentucky 41071. CRO's office hours are mostly Monday-Friday from 8:30-4:30 pm. PIER Recovery Community Center: Jessica Miller; Team Lead, 1002 Monmouth Street, Newport, KY 41071 859-547-6539.

The grievance must be put in writing; the grievance may be made verbally and the client advocate shall be responsible for preparing a written text of the grievance. 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. The grievance must include, if available, the date, approximate time, and description of the incident and names of individuals involved in the incident or situation being grieved.

MHA shall provide written acknowledgment of receipt of the grievance to each grievant within three business days from receipt of the grievance. The written acknowledgment will include, but not be limited to, the following: date grievance was received, summary of grievance, overview of grievance investigation process, timetable for completion of

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investigation and notification of resolution, and treatment provider contact name, address and phone number.

MHA 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 will be given to the client.

The grievor will be offered the option to initiate a complaint with any or all of several outside entities (the County Board; the Ohio Mental Health And Addiction Services, The Ohio Legal Rights Service, the U.S. Department of Health & Human Services, Kentucky Protection & Advocacy, Kentucky Department of Behavioral Health, Developmental and Intellectual Disabilities, Kentucky Department of Behavioral Health, Developmental and Intellectual Disabilities, Ombudsman, Kentucky State Department of Mental Health/Mental Retardation Services, Kentucky Office of the Inspector General and appropriate professional licensing or regulatory associations. The addresses and phone numbers are listed below:

Disability Rights Ohio  
200 S. Civic Center Dr. #300  
Columbus, Ohio 43215  
800-828-9181  
614-466-7264  
1-800-282-9181  
Fax: 614-644-1888

**Ohio Mental Health and Addiction Services**

30 East Broad Street, 36<sup>th</sup> Floor  
Columbus, Ohio 43215-3430  
(614) 466-2596  
1-877-275-6364  
1-888-636-4889 (TTY)  
[www.mha.ohio.gov](http://www.mha.ohio.gov)

Dept. of Health and Human Services  
Office for Civil Rights-Region V  
233 N. Michigan Ave. Suite 240  
Chicago, IL 60601  
312-886-2359

**Ohio Attorney General's Office**

30 E. Broad St., 17th Floor  
Columbus, OH 43215  
(800) 282-0515  
[www.ag.state.oh.us](http://www.ag.state.oh.us)

**Ohio Counselor, Social Worker and Marriage and Family Therapist Board**

50 W. Broad ST, STE 1075  
Columbus, OH 43215-5919  
(614) 466-0912  
(614) 728-7790 (fax)  
[www.cswmft.ohio.gov](http://www.cswmft.ohio.gov)

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**State of Ohio, Board of Psychology**

77 S. High St., Suite 1830  
Columbus, OH 43215-6108  
(614) 466-8808  
(877) 779-7446  
(614) 728-7081 (fax)  
[www.psychology.ohio.gov](http://www.psychology.ohio.gov)

**State of Ohio, Medical Board**

30 E. Broad ST, 3<sup>rd</sup> Floor  
Columbus, OH 43215-6127 (614) 466-3934  
(614) 728-5946 (fax)  
[www.med.ohio.gov](http://www.med.ohio.gov)

**Ohio Board of Nursing**

17 S. High St., Suite 400 Columbus, OH 43215-7410  
(614) 466-3947  
(614) 466-0388 (fax)  
[www.nursing.ohio.gov](http://www.nursing.ohio.gov)

**Hamilton County Mental Health & Recovery Services Board**

2350 Auburn Ave.  
Cincinnati, OH 45219  
(513)946-8600  
(513)946-8610 (fax)  
[www.hcmhrsb@hamilton.mhrsb.state.oh.us](mailto:www.hcmhrsb@hamilton.mhrsb.state.oh.us)

**Mental Health Recovery Board Serving Warren and Clinton Counties**

201 Reading Road Mason, OH 45040  
(513) 695-1695

**Kentucky Department of Community Based Services**

275 E. Main Street  
Frankfort, KY 40601  
(502) 564-3703  
<https://kentucky.gov/government/Pages/AgencyProfile.aspx?Title=Department+of+Community+Based+Services>

**Kentucky Department of Behavioral Health and Intellectual Disabilities**

275 E. Main Street #4t  
Frankfort, KY 40601  
(502) 564-4527  
<https://chfs.ky.gov/agencies/dbhdid/Pages/default.aspx>

**Kentucky Office of the Inspector General**

Northern Branch  
L&N Building, 10-W  
908 West Broadway  
Louisville, Kentucky 40203  
(502) 595-4958  
(502) 595-4540  
<https://chfs.ky.gov/agencies/os/oig/Pages/default.aspx>

**Kentucky Protection & Advocacy**

5 Mill Creek Park  
Frankfort, KY 40602  
(502) 564-2967  
(800) 372-2988  
[KYPandAinquiry@gmail.com](mailto:KYPandAinquiry@gmail.com)

A MHA grievance procedure is posted by the reception desk and written copies of the procedures will be distributed to each applicant and each client. CRO will be promptly accessible to the griever. If the grievance is filed against the CRO, a new CRO will be appointed by Executive Director Elizabeth Atwell. All agency staff person has a clearly understood, specified, continual responsibility to immediately advise any client or any other person articulating a concern, complaint or grievance about the name and availability of the agency's CRO and the complainant's right to file a grievance.

#### D. IMPLEMENTATION AND MONITORING

- 1) CRO will keep records of all grievances.
- 2) A written acknowledgement of receipt of the grievance will be provided to each grievant. Acknowledgement will be provided within three business days from receipt of the grievance. The written acknowledgement will include but not be limited to: date grievance was received, summary of grievance, overview of grievance investigative process, timetable for completion of investigation and notification of resolution, and treatment provider contact name, address and phone number.
- 3) Agency records with be available for review by the Board and OHMHAS upon request.
- 4) CRO will submit an annual summary of all grievances received, type of grievance and resolution status of grievance.

Agency Information:

**Mental Health America of Northern Kentucky & Southwest Ohio**

11238 Cornell Park Drive  
Blue Ash, OH 45242  
513-721-2910  
[www.mhankyswoh.org](http://www.mhankyswoh.org)

**Mental Health America of Northern Kentucky & Southwest Ohio**

Northern Kentucky Office  
1002 Monmouth Street  
Newport, KY 41071  
859-431-1077  
[www.mhankyswoh.org](http://www.mhankyswoh.org)

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