



Eye For Change Youth & Family Services, Inc.

CLIENT RIGHTS HANDBOOK

3100 East 45th Street
Suite 314
Cleveland, Ohio 44127
Voice: (216) 441-9622
Fax: (888) 460-4717

Mobile Crisis: (216) 264-5300

YOUR RIGHTS AS A CLIENT OF EYE FOR CHANGE YOUTH & FAMILY SERVICES, INC. SERVICE

It is the practice of Eye For Change Youth & Family Services, Inc. Service to nurture and protect the dignity and respect of all persons served.

Response time to any individual seeking services is dependent upon your presenting problem.

In a crisis or emergency situation, you must be verbally advised of at least the immediately pertinent rights, such as the right to consent or refuse the treatment being offered and the consequences of that agreement or refusal.

A written copy and a full explanation of the Client Rights, Complaint and Grievance Policy must be given to you as soon as the crisis or emergency situation has been resolved, and within 24 hrs. of admission to the agency if you are not in crisis.

These are your rights:

Each person who accesses mental health services is informed of these rights:

1. The right to be informed within twenty-four hours of admission of the rights described in this rule, and to request a written copy of these rights.
 2. The right to receive information in language and terms appropriate for the person's understanding.
 3. The right to be fully informed of the cost of services.
- Services are appropriate and respectful of personal liberty:
4. You have the right to be treated with consideration, respect for personal dignity, autonomy, and privacy, and within the parameters of relevant sections of the Ohio Revised Code and the Ohio Administrative Code.
 5. The right to receive humane services.
 6. 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.

7. The right to reasonable assistance, in the least restrictive setting.

8. The right to reasonable protection from physical, sexual and emotional abuse, inhumane treatment, assault, or battery by any other person.

Development of service plans:

9. The right to a current ISP that addresses the needs and responsibilities of an individual that specifies the provision of appropriate and adequate services, as available, either directly or by referral.

10. The right to actively participate in periodic ISP reviews with the staff including services necessary upon discharge.

Declining or consenting to services:

11. The right to give full informed consent to any service including medication prior to commencement and the right to decline services including medication absent an emergency.

12. The right to be advised of and refuse

observation by techniques such as one-way vision mirrors, tape recorders, televisions, movies, or 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.

13. The right to decline any hazardous procedures.

Restraint, seclusion or intrusive procedures:

14. The right to be free from restraint or seclusion unless there is imminent risk of physical harm to self or others.

Privacy:

15. The right to reasonable privacy and freedom from excessive intrusion by visitors, guests and non-agency surveyors, contractors, construction crews or others.

Confidentiality:

16. The right to confidentiality unless a release or exchange of information is authorized and the right to request to restrict treatment information being shared.

17. The right to be informed of the circumstances under which an agency is authorized or intends to release, or has released, confidential information without written consent for the purposes of continuity of care as permitted by division (A)(7) of section 5122.31 of the Revised Code.

Grievances:

18. The right to have the grievance procedure explained orally and in writing, the right to file a grievance, with assistance if requested; and the right to have a grievance reviewed through a grievance process, including the right to appeal a decision.

Non-discrimination:

19. The right to receive services and participate in activities free of discrimination 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.

No reprisal for exercising rights:

20. The right to exercise rights without reprisal in any form including the ability to continue services with uncompromised access. No right extends so far as to supersede health and safety considerations.

Outside opinions:

21. The right to have the opportunity to consult with independent specialists or legal counsel, at one's own expense.

No conflicts of interest:

22. No agency employee may be a person's guardian or representative if the person is currently receiving services from said facility.

Additionally:

23. The right to have access to one's own psychiatric, medical or other treatment records, unless access to particular identified items of information is specifically restricted for that individual client for clear treatment reasons in the client's treatment plan. If access is restricted, the treatment plan shall also include a goal to remove the restriction.

24. The right to be informed in advance of the reason(s) for discontinuance of service provision, and to be involved in planning for the consequences of that event.

25. The right to receive an explanation of the reasons for denial of service.

**THESE ARE YOUR RIGHTS
WE WOULD LIKE YOU TO
UNDERSTAND THEM**

All clients have the freedom to express their choices regarding their service delivery team and their involvement in research projects. (See Research Policy/Procedures for additional information regarding research guidelines and ethics when persons served are involved.)

Special treatment interventions (such as seclusion and restraint) are not utilized at Eye For Change Youth & Family Services, Inc. Service. Restriction of a client's rights is only possible in circumstances where a client has demonstrated that they are a danger to themselves or others, or have repeatedly breached program rules. In these circumstances, a contract or addendum to the treatment plan must indicate the right restricted, the time period of the restriction and under what circumstances the restriction will cease.

All clients have access to information pertaining to self-help and advocacy support services. This information is posted at all agency locations and copies are available to clients in all lobbies/reception areas.

You also have rights pertaining to your Protected Health Information (PHI) as follows:

- The right to access your records
- To request restrictions or uses or disclosures of your PHI
- To request that communications related to PHI be confidential
- To request amendment of your records
- To receive accounting of disclosures of your PHI

Please read this booklet and know your rights.

The Client Rights Officer is available to talk with you about your rights and can offer you additional information and resources to help you better understand your rights.

If you . . .

- Have gone through the Civil Commitment process and have been ordered into outpatient or inpatient treatment by probate court,
- Are voluntarily or involuntarily hospitalized in a State-operated or private psychiatric hospital,
- Have been found Not Guilty by Reason of Insanity (NGRI) by a court of law, or if you
- Have been found incompetent to stand trial in a court of law...

. . . you have additional rights and there is additional information available to you.

You may contact:

- The Client Rights Officer at the ADAMHS Board of Cuyahoga County
- The Client Advocate or Patient Advocate at the hospital
- The Client Rights Officer at the Ohio Department of Mental Health
- Advocates from the Ohio Legal Rights Service

The contact information for these organizations can be found in the back of this handbook.

CLIENT RIGHTS, COMPLAINT AND GRIEVANCE POLICY

It is the practice of Eye For Change Youth & Family Services, Inc. Service to nurture and protect the dignity and respect of all persons served. The Client Rights and Grievance policy provides a means for people receiving services from Eye For Change Youth & Family Services, Inc. Service to make complaints regarding care, treatment, living conditions, or the exercise of rights and to have those complaints heard and acted upon in a timely manner without retaliation or barriers to services.

A formal review of complaints/grievances will be conducted annually by the Client Rights Officer (CRO) and presented to the Eye For Change Youth & Family Services, Inc. Service Management team. This review will identify trends and patterns, areas needing performance improvement, recommendations and actions to be taken.

The Client Rights and Grievance policy is readily available to persons served. All Eye For Change Youth & Family Services, Inc. Service clients are informed of their rights at initiation of service delivery by Eye For Change Youth & Family Services, Inc. Service staff, and then annually for clients

served in a Eye For Change Youth & Family Services, Inc. Service program longer than one year. Clients served are verbally informed about their rights and presented with the Rights and Grievance Policies and Procedures in the form of a Handbook. Additional copies of this handbook are available to clients at any time. Clients are also encouraged to contact the Eye For Change Youth & Family Services, Inc. Service Client Rights Officer in the event that additional clarification is needed. A copy of the Client Rights Handbook is available to any interested party upon request at any time.

A copy of the Client Rights and Grievance policy is posted at all agency sites.

FILING A COMPLAINT OR GRIEVANCE

David S. Brown, MSW is
your Client Rights Officer

David S. Brown, MSW, CRO
3100 East 45th Street
Suite 314
Cleveland, OH 44127

Phone: (216) 441-9622

Mr. Brown can be reached between the hours of 9:00 a.m. and 5:30 p.m. Monday through Friday. You may contact her via telephone to talk about your concerns or to schedule an appointment. You are also welcome to walk in to talk with her; however, she may not always be immediately available to meet with walk-ins as she is sometimes meeting with clients off site. If you stop in and she is not here, you may complete a complaint form and leave your contact information so that Mr. Brown can follow up with you upon her return. Or, you may request to speak with the Alternate Client Rights Officer.

The Alternate Client Rights Officer is Ms. Shirley M. Asale, LISW-S. Ms. Asale works at the same address (above) and can be reached at the same number during our regular business hours (9 a.m. – 5:30 p.m.).

CRO Responsibilities and Additional Grievance Information

The responsibilities of the CRO include advocating for your rights, assisting with the filing of your complaint or grievance, if needed, and representing you at agency hearings/meetings about the complaint, at your request. The CRO will document, investigate and resolve the alleged infringement of rights via interviews, documentation reviews, etc. and will typically resolve the complaint or grievance within 20 working days from the date you first filed your concern. Upon request, the CRO will provide you with a clear, written explanation of the way in which your complaint/grievance was resolved.

Here are some of the other things that you need to know about the grievance procedure:

- When you talk about your concerns or complaints, all staff including administrative and support staff will inform you that you can file a complaint or grievance with the Client Rights Officer if you wish to do so.
- The Client Rights Officer or any other staff person at Eye For Change Youth & Family Services, Inc. Service will explain the entire complaint and grievance process to

any consumer who voices a concern, from the time the complaint or grievance is filed, until it is resolved. The consumer will be given reasonable opportunity to talk with an impartial decision-maker.

- You will have the opportunity to file the complaint or grievance within a reasonable period of time.
- If the complaint is against the Client Rights Officer, another person will work with you.

The Client Rights Officer will inform you that you can also file a complaint or grievance with other outside agencies, and will assist you with this filing if necessary. The names and phone numbers of these external rights protection agents are listed in the back of this Client Rights Handbook.

have read the above Client Responsibility and Acknowledgement Form and understand that should I have any questions I may contact Eye For Change Youth & Family Services, Inc. for clarification and/or additional explanation.

Client Name if Adult / Legal Guardian (Please Print)

Client Signature if Adult / Legal Guardian

Social Security #

Date

Witness Signature

Date

CLIENT CONCERN FORM

This form is to be used by Eye For Change Youth & Family Services, Inc. clients to submit grievances regarding the level of service quality, violation of program policies, or breaches of confidentiality. Once completed, return this form to the agency's designated clients rights officer

Please complete the following information:

Your Name _____	Today's Date _____
Your Case _____	Date of _____
Manager _____	Incident _____

Briefly describe the incident or concern:

Briefly describe your expected resolution to this problem or concern:

Sign your name

Your signature here provides consent for release of information regarding this grievance to David S. Brown, CRO and other appropriate parties.

THIS PAGE – OFFICE USE ONLY	Designated liaison for this grievance	David S. Brown, MSW
------------------------------------	---------------------------------------	----------------------------

Step 2	Date this form provided to case manager _____	Date of meeting with client _____		
Result	Description of proposed resolution _____			
<table style="width: 100%; border: none;"> <tr> <td style="width: 50%; padding: 5px;">Client is satisfied with resolution <input type="checkbox"/></td> <td style="width: 50%; padding: 5px;">Client is dissatisfied with resolution <input type="checkbox"/></td> </tr> </table>			Client is satisfied with resolution <input type="checkbox"/>	Client is dissatisfied with resolution <input type="checkbox"/>
Client is satisfied with resolution <input type="checkbox"/>	Client is dissatisfied with resolution <input type="checkbox"/>			
Satisfied client signature _____	Date _____	Dissatisfied client signature _____ Date _____		

Step 3	Date this form provided to grievance committee _____	Date of meeting with client _____		
Date of committee decision to liaison _____		Date of meeting with client _____		
Result	Description of proposed resolution _____			
<table style="width: 100%; border: none;"> <tr> <td style="width: 50%; padding: 5px;">Client is satisfied with resolution <input type="checkbox"/></td> <td style="width: 50%; padding: 5px;">Client is dissatisfied with resolution <input type="checkbox"/></td> </tr> </table>			Client is satisfied with resolution <input type="checkbox"/>	Client is dissatisfied with resolution <input type="checkbox"/>
Client is satisfied with resolution <input type="checkbox"/>	Client is dissatisfied with resolution <input type="checkbox"/>			
Satisfied client signature _____	Date _____	Dissatisfied client signature _____ Date _____		

Step 4	Date this form provided to board of directors _____	Date of meeting _____
	Date of board decision to liaison _____	_____
Result	Description of proposed resolution _____	

Program has received this decision <input type="checkbox"/> Client has received this decision <input type="checkbox"/>		
Liaison signature _____	Date _____	Liaison signature _____ Date _____

WHERE ELSE TO FILE COMPLAINTS & GRIEVANCES

Please Note: The Resources listed below that are in **BOLD** print apply to both mental health and non-mental health Eye For Change Youth & Family Services, Inc. Service clients.

To file a grievance against the County public mental health and/or alcohol and drug addiction system, you may contact:

Client Rights Officer or Consumer Relations Specialist Alcohol, Drug Addiction and Mental Health Services
 Board of Cuyahoga County 2012 W. 25th St., 6th Floor Cleveland, Ohio 44113
 (216) 241-3400
 Ohio Relay at 1-800-750-0750
www.adamhsbcc.org

Project Manager/Client Rights Advocacy Ohio Department of Mental Health (ODMH) Division of Program & Policy Development 30 East Broad St., 8th Floor
 Columbus, Ohio 43215-3430
 (614) 466-2596
 Toll Free Bridge 1-877-275-8384 Ohio Relay at 1-800-750-0750 www.mh.state.oh.us

Northeast Regional Treatment Coordinator

Ohio Department of Alcohol & Drug Addiction
Services (ODADAS) Division of Treatment &
Recovery/Certification & Compliance
30 W. Spring St., 6th Floor Columbus, Ohio
43215-2556
(614) 466-3445
Ohio Relay at 1-800-750-0750
INFO@ada.ohio.gov

***To file a grievance against a social worker
or counselor, contact:***

**Counselor, Social Worker and Marriage &
Family Therapist Board 50 West Broad
Street, Suite 1075
Columbus, Ohio 43215-5919
(614) 466-0912
Ohio Relay at 1-800-750-0750
www.cswmft.ohio.gov**

To file a grievance against a nurse, contact:

**Nursing Education and Nurse Registration
Board 17 South High Street, Suite 400
Columbus, Ohio 43215-7410
(614) 466-3947
www.nursing.ohio.gov**

***To file a grievance against a psychologist,
contact:***

**Ohio Psychological Association 395 East
Broad Street, Suite 310
Columbus, Ohio 43215
(614) 244-0034 or (800) 783-1983
www.ohpsych.org**

***To file a grievance against psychiatrists or
other medical doctors, contact:***

**Academy of Medicine of Cleveland 6000
Rockside Woods Blvd., Suite 150
Independence, Ohio 44131**

(216) 520-1000

www.amcnoma.org

State Medical Board

30 East Broad Street, 3rd Floor Columbus,
Ohio 43215

(614) 466-3934

www.med.oh.gov

***For specialized legal advice and
representation and to file a grievance
against State-operated public mental health
services:***

**Ohio Legal Rights Service (OLRS) 50 West
Broad St., Suite 1400**

Columbus, Ohio 43215-5923

(614) 466-7264

**(800) 282-9181 (Toll-free in Ohio only) Ohio
Relay at 1-800-750-0750 www.olrs.ohio.gov**

Public Hospitals

Patient Representative Customer Services
MetroHealth Medical Center 2500 MetroHealth
Drive

Cleveland, Ohio 44109

(216) 778-7800

www.metrohealth.org

Client Rights Officer

St. Vincent Charity Hospital Psychiatric
Emergency Room 2351 East 22nd Street
Cleveland, Ohio 44115

(216) 861-6200

www.svch.net

Client Rights Officer

Northcoast Behavioral Healthcare System,
South Campus 1756 Sagamore Road
Northfield, Ohio 44067

(330) 467-7131

www.mh.state.oh.us

***Other Resources Agencies & Outside
Entities:***

**Legal Aid Society of Cleveland 1223 West
6th Street Cleveland, Ohio 44113
(216) 687-1900
www.lasclev.org**

**Governor's Council on for People with
Disabilities 400 E. Campus View Blvd.
Columbus, Ohio 43235-4604
(800) 228-5405
www.gcpd.ohio.gov**

**Office of the Attorney General 30 East Board
Street, 17th Floor Columbus, Ohio 43215
(800) 282-0515
www.ohioattorneygeneral.gov**

**Office for Civil Rights, Region V US
Department of Health
and Human Services
233 N. Michigan Ave., Ste. 240
Chicago, Illinois 60601
(312) 886-2359
TDD (312) 353-5693**

**ADA- Ohio
(800) 232-6446 – Voice
(800) 232-2321 – TDD
(614) 784-9900 – Local**

Ohio Psychiatric Association 1480 West

**Lane Avenue, Suite F Columbus, OH 43221-
3950
(614) 481-7559
www.hhs.gov/ocr**

**(800) 514-1301 – voice or (800) 514-0383 –
TDD**

www.usdoj.gov/crt/ada

**Citizens of Cuyahoga County Ombudsman
Office 1468 West 25th Street
Cleveland, OH 44113
(216) 696-2710
www.cuyahoga.oh.us**

**Ohio Resources Center for Deafness 500
Morse Road
Columbus, OH 43215
(614) 781-9960
www.columbuscolony.org**

**U.S. Equal Employment Opportunity
Commission Cleveland Field Office
Anthony J. Celebrezze Federal Building
1240 East 9th Street, Suite 3001
Cleveland, OH 44199
(800) 669-4000 – TTY: (800) 669-6820
www.eeoc.gov**

**President's Committee on Employment of
People with Disabilities 1331 F. Street NW,
3rd Floor
Washington, DC 20004
(202) 376-6200 – voice or (202) 376-6205 –
TDD
www.acf.hhs.gov**

**Office of the Americans with Disabilities Act
U.S. Department of Justice
P.O. Box 66118
Washington, DC 20035-6118**