



## Clients Rights Grievance Form

Date of Written Filing: \_\_\_\_\_

| Client/Complainant Information   |  |  |  |
|--|--|--|--|
| Client Name:   |  | Complainant Name:                        |  |
| Street Address:  |  | Street Address:                          |  |
| City, State, Zip:  |  | City, State, Zip:                        |  |
| Phone Number:  |  | Phone Number:                            |  |
| Other Preferred Method of Communication:   |  | Other Preferred Method of Communication: |  |
| Note: If Complainant is an individual other than the client or parent/guardian of minor child, the client must consent to individual filing his/her behalf as signified by signature on this document. |  | Relationship to Client:                  |  |

| Agency Information<br>(Agency/Staff Member(s) subject of grievance) |  |                                 |  |
|---|--|---------------------------------|--|
| Agency Name:  |  | Agency Staff Member's Name (#1) |  |
| Street Name:  |  | Agency Staff Member's Name (#2) |  |
| City, State, Zip:   |  | Agency Staff Member's Name (#3) |  |
| Date(s) of Incident:  |  | Where did Incident occur?       |  |

| Nature of Clients Rights Grievance             |  |
|--|--|
| ✓  | Indicate with a Check the Clients Right which you feel has been violated. Please reference that attached complete list of Client Rights for further explanation of each. |
| <b><i>The Right to Dignity and Respect</i></b> |  |
|  | Dignity, Respect, Autonomy, and Privacy – Right #1   |
|  | Protection from abuse and inhumane treatment - Right #2  |
|  | Services in the least restrictive, feasible environment - Right #3   |

## Nature of Clients Rights Grievance (cont.)

|  |  |
|--|--|
| ✓  | Indicate with a Check the Clients Right which you feel has been violated. Please reference that attached complete list of Client Rights for further explanation of each.   |
| <b><i>The Right to Informed Choice and Treatment</i></b> |  |
|  | Participation in any appropriate/available service consistent with Individualized Service Plan regardless of refusal of other service unless that service is a necessity to clear treatment reasons and requires person's participation - Right #4 |
|  | Informed consent/refusal of any service, including medication absent an emergency - Right #5   |
|  | Participation in development of Individualized Service Plan - Right #6   |
|  | Advance notice if any services are to be discontinued - Right #12  |
|  | Clear explanation of denial of any service - Right #13   |
|  | Informed of condition - #20  |
| <b><i>The Right to Freedom from:</i></b>                 |  |
|  | Unnecessary medication and restraints/seclusion unless there is immediate risk to physical harm to self/others - Right #7  |
|  | Unusual or hazardous treatment - Right #8  |
|  | Intrusion of one-way mirrors, photographs, tape recorders (audio or visual) and movies, etc. - Right #9  |
| <b><i>The Right to Personal Liberties</i></b>            |  |
|  | Confidentiality - Right #10  |
|  | Read and get copies of Psychiatric, medical, or other treatment records - Right #11  |
|  | Non-discrimination - Right #14   |
|  | Know the cost of services - Right #15  |
|  | Consultation with independent treatment specialist or legal counsel - Right #21  |
| <b><i>The Right to Freely Exercise All Rights</i></b>    |  |
|  | Fully informed of all rights - Right #16   |
|  | Exercise any and all rights without reprisal - Right #17   |
|  | File a grievance - Right #18   |
|  | Have oral and written instructions for filing a grievance and assistance if requested - Right #19  |

**For each of the above checked items, please provide a brief statement of what happened:**

**How did you (client/complainant) become aware of the problem?**

**Steps taken to resolve issue before contacting Warren County ESC Mental Health Department:**

**Expectations of Warren County ESC Mental Health Department; What would you to see happen?**

**Other pertinent information you would like to share:**

## Signatures

The Client hereby grants permission for:

1. The identified Complainant to act on my behalf in the filing of this grievance (if other than client or guardian)
2. Warren County ESC Mental Health Department to release the grievance information to appropriate contracting agency(ies) and/or other significantly involved parties to the extent necessary to attempt resolution of the complaint
3. Herein identified agency(ies) permission to provide the Warren County ESC Mental Health Department information related actions, investigations, and attempted resolutions of this complaint
4. Warren County ESC Mental Health Department to release to Complainant (if other than client or guardian) and identified agency(ies) a written response to grievance (due within 20 working days of receipt of written grievance).

|   |  |               |  |
|---|--|---------------|--|
| Client Signature:   |  | Date:         |  |
| Complainant Signature (if other than client):                           |  | Date:         |  |
| <b>Grievance From completed with the assistance of (if applicable):</b> |  |               |  |
| Name:   |  | Title:        |  |
| Agency:   |  | Phone Number: |  |
| Signature:  |  | Date:         |  |

**Client Rights are defined in rule 5122:22-1-01 of the Ohio Administrative Code, endorsed by the Warren County Educational Service Center Mental Health Department, and are as follows:**

1. The right to be treated with consideration and respect for personal dignity, autonomy, and privacy;
2. The right to reasonable protections 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 to 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 right 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 of and refuse observation by others and by techniques such as one-way vision mirrors, tape recorders, video recorders, televisions, movies, photographs or other audio and visual technology. This 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 access 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 religion, race, ethnicity, color, gender, sexual orientation, national origin, age, 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.