OPEN ARMS COUNSELING, LLC

580 S. High St. Suite 220

Columbus, Ohio 43215 Phone (614) 625-7183

Client Rights & Grievance Procedures

The Right to Dignity and Respect:

- Dignity, Respect, Freedom from Humiliation, Autonomy and Privacy (1)
- Services are provided in a humane setting with the greatest possible freedom (2)

The Right to Informed Choice and Treatment:

- Information made available for current or suggested treatment and services (3)
- To be able to accept or reject any service (4)
- To have a current, written, individualized service and recovery plan (5)
- To have active and informed participation in the plan for treatment (6)
- To be able to participate in any service even if other services are refused (9)
- To have advance notice if any services are to be discontinued (15)
- To receive a clear explanation of the denial of any services (16)

The Right to Freedom:

- Unnecessary medication (7)
- Unnecessary restraint or seclusion (8)
- Unusual or dangerous treatment (10)
- Intrusion of one-way mirrors, photographs, tape recorders (audio or visual) and movies (11)
- During crisis or emergency, to be advised of the right to consent or refuse treatment

The Right to Personal Liberties:

- Consultation (12)
- Absolute confidentiality (13)
- To read and get a copy of treatment records (14)
- Non-discrimination: religion, race, color, creed, sex, national origin, age, lifestyle, physical or mental handicap, developmental disability; or inability to pay (17)
- To know the cost of services (18)

The Right to Freely Exercise All Rights:

- To be fully informed of all rights (19)
- To exercise any and all rights without being threatened or punished (20)
- To file a grievance (21)
- To have oral and written instructions for filing a grievance (22)

The Following Rights are listed in paragraphs (D)(1) to (D)(22) of rule 5122:2-1-01 of the Ohio Administrative Code:

- 1. To be treated with consideration & respect for personal dignity, autonomy & privacy; Freedom from abuse, financial or other exploitation, retaliation, humiliation or neglect for example bullying, teasing or name calling;
- 2. To service in a humane setting which is the least restrictive feasible as defined in the treatment plan;
- 3. To be informed of one's own condition, of proposed or current services, treatment or therapies, and of the alternatives;
- 4. To consent to or refuse any 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 client;
- To a current, written, individualized service plan that addresses one's own mental health, physical health, social and economic needs, and that specifies the provision of appropriate and adequate services, as available, either directly or by referral;
- 6. To active & informed participation in the establishment, periodic review & reassessment of the service plan;
- 7. To freedom from unnecessary or excessive medication;
- 8. To freedom from unnecessary restraint or seclusion;

- 9. To participate in any appropriate and available agency service, regardless of refusal of one or more other services, treatments, or therapies, or regardless of relapse from earlier treatment in that for another service, unless there is a valid and specific necessity which precludes and/or requires the client's participation in other services. This necessity shall be explained to the client and written in the client's current service plan;
- 10. To be informed of and refusal of any unusual or hazardous treatment procedures;
- 11. To be advised of and refuse observation by techniques such as one-way vision mirrors, tape recorders, televisions, movies or photographs;
- 12. To have the opportunity to consult with independent treatment specialists or legal counsel, at one's own expense;
- 13. To confidentiality of communications and of all personally identifying information within the limitations and requirements for disclosure of various funding and/or certifying sources, state or federal statues, unless release of information is specifically authorized by client or parent or legal guardian of a minor client or court-appointed guardian of the person of an adult client in accordance with rule 52122:2-3-11 of the administrative code; Confidentiality & Disclosure consistent with & permission by 42 C.F.R. part 2.
- 14. 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. "Clear treatment reasons" shall be understood to mean only severe emotional damage to the client such that dangerous or self-injurious behavior is an imminent risk. The person restricting the information shall explain to the client and other persons authorized by the client the factual information about the individual client that necessitates the restriction. The restriction must be renewed at least annually to retain validity. Any person authorized by the client has unrestricted access to all information. Clients shall be informed in writing of agency policies and procedures for viewing or obtaining copies of personal records;
- 15. 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;
- 16. To receive an explanation of the reasons for denial of service;
- 17. Not to be discriminated against in the provision of service on the basis of religion, race, color, creed, sex, national origin, age, lifestyle, physical or mental handicap, developmental disability, or inability to pay;
- 18. To know the cost of services:
- 19. To be fully informed of all rights;
- 20. To exercise any & all rights without reprisal in any form including continued & uncompromised access to service;
- 21. To file a grievance;
- 22. To have oral and written instructions for filing a grievance.

See client handbook or discuss with clinician, a supervisor or the Client Rights Officer if there are questions about your rights.

ALLEGATION OF NEGLECT / ABUSE BY STAFF

Any allegation of neglect and / or abuse by Agency staff of a client, regardless of the source, shall be investigated and then reviewed by the Agency Chief Executive Officer. Documentation of the findings of the investigation and of actions taken as a result of the investigation is maintained by the Agency. The Agency shall report any allegation of staff neglect or abuse to the Franklin County Alcohol Drug Addiction and Mental Health Services Board within 24 hours of the report of any allegation. In situations that involve child or adult abuse, notification shall be made to the appropriate authorities including city or county law enforcement, Child protective agency, Adult Protective Services or Mental Retardation Developmental Disabilities Board.

CLIENT RESPONSIBILITIES

- Respect the rights of other clients and staff, including the use of appropriate language and behavior. Treat others with consideration & respect for personal dignity, autonomy & privacy. Abstain from abuse, financial or other exploitation, retaliation, humiliation or neglect for example bullying, teasing or name-calling. Agency staff will terminate conversations or interactions deemed to be hostile, violent or dangerous and contact the appropriate safety forces to contain potential harm to client, staff or others.
- To be honest and open in matters relating to physical, mental health (past & present illnesses, medications, past treatments, etc.)
- Work toward goals established in the treatment plan
- Notify Open Arms of any change in address, phone, income, household size, or marital status
- Provide 24-hour notice of cancellation
- Pay for the cost of services as determined by the fee agreement; including fees incurred as a result of not showing for a pre-arranged appointment without prior notification

CLIENT GRIEVANCES

If there are complaints or dissatisfactions with Open Arms' services, please notify your therapist or or you may contact the Client Rights Officer. The Client Rights Officer can explain the grievance procedure and assist you or anyone you authorize to represent you in the process should you decide to file a grievance. Any staff member can direct you to the Client Rights Officer and advise you as to hours of availability. A copy of the Grievance procedure is posted in the Agency's waiting room and a copy can be made available to you upon your request. If you have questions or do not fully understand any of the above, please ask for an explanation from your therapist, case manager, psychiatrist, or the Client Rights Officer. You should expect a written response to a grievance within 20 working days unless extenuating circumstances exist.

The Clients Rights Officer oversees the process of grievances filed by a client or other person or agency on behalf of a client.

OLIENT BIOLITO OFFICER	
CLIENT RIGHTS OFFICER:	
	Beth Bell, LPCC-S
Monday – Friday	580 S. High St., Suite 220
9:00am – 5:00pm by appointment	Columbus, Ohio 43215 (614) 625-7183 ext. 102
In her absence:	STATE MEDICAL BOARD:
Ann Hurst, LPCC-S	
,	77 South High Street, 17 th Floor
At the same address (614) 625-7183 ext. 1	
(614) 466-3934	· · · · · · · · · · · · · · · · · · ·
OHIO LEGAL RIGHTS SERVICE:	ODADAS:
8 East Long Street Suite 500	Ohio Department of Alcohol/Drug Addiction
Services	
Columbus, Ohio 43215-2999	Two Nationwide Plaza
1-800-282-9181 or TTY 1-800-858	3-3542 280 North High St. 12 th Floor
Fax: 1-614-644-1888	Columbus, Ohio 43215-6108
http://olrs.ohio.gov/	614-466-3445
CLIENT RIGHTS OFFICER: FRANKLIN COUNTY	ADAMH: OFFICE FOR CIVIL RIGHTS
Phil Heddon	Lisa Simeone, Regional Manager
ADAMH Board	Office for Civil Rights
447 E. Broad St.	US Department of Health / Human Services
Columbus, Ohio 43215	233 N. Michigan Ave., Suite 240
Phone: (614) 222-3743	Chicago, III. 60601
614-224-0991	Phone: 312-886-2359
phedden@adamh.co.franklin.oh.us	TDD 312-353-5693