



# Client Rights & Responsibilities

## Welcome to Samaritan Behavioral Health, Inc.

**These Rights Apply to All Adults, Children, and Adolescents (And Their Parents and/or Guardians) Treated at Samaritan Behavioral Health, Inc. Programs.**

**Client Rights:** Health care is a shared experience involving clients and those who give care. Recognizing the personal worth and dignity of each client at Samaritan Behavioral Health, Inc., this statement of your rights is offered as an expression of our philosophy and commitment to you.

### *Your Rights:*

- ✓ The right to be treated with consideration and respect for personal dignity, autonomy and privacy;
- ✓ The right to services in a humane setting that is the least restrictive we can feasibly provide within the treatment plan;
- ✓ The right to be informed of one's own condition, of proposed or current services, treatment or therapies, and of the alternatives;
- ✓ The right 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;
- ✓ The right to a copy of 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;
- ✓ The right to active and informed participation in the establishment, periodic review, and reassessment of the service plan;
- ✓ The right to freedom from unnecessary or excessive medication;
- ✓ The right to freedom from unnecessary restraint or seclusion;
- ✓ The right 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 or 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;
- ✓ The right to be informed of and refuse any unusual or hazardous treatment procedures;
- ✓ The right to be advised of and refuse observation by techniques such as one-way vision mirrors, tape recorders, televisions, movies or photographs;
- ✓ The right to have the opportunity to consult with independent treatment specialists or legal counsel, at one's own expense;
- ✓ The right to confidentiality of communications and all personally identifying information within the limitations and requirements for disclosure of various funding and/or certifying sources, state or federal statutes, unless release of information is specifically authorized by the client, parent or legal guardian of a minor client or court-appointed guardian of the person of an adult client in accordance with Rule 5122:2-3-11 of the Administrative Code;
- ✓ The right to have access to one's own psychiatric, medical or other treatment, 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 restrictions. The restriction must be renewed at least annually to retain validity. Any persons authorized by the client have unrestricted access to all information. Clients shall be informed in writing of agency policies and procedures for viewing or obtaining copies of personal records;
- ✓ 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;

- ✓ The right to receive an explanation of the reason(s) for denial of service;
- ✓ The right not to be discriminated against in the provision of services on the basis of religion, race, color, creed, sex, National origin, age, lifestyle, physical or mental handicap, HIV infection, AIDS related complex, AIDS, developmental disability or inability to pay;
- ✓ The right to know about the cost of services;
- ✓ The right to be fully informed of all rights;
- ✓ The right to exercise any and all rights without reprisal in any form including continued and uncompromised access to service;
- ✓ The right to file a grievance, and to have oral and written instructions for filing a grievance.

### ***You Have the Responsibility.....***

- ✓ To be honest about matters that relate to you as a client;
- ✓ To participate in the development of your service plan and treatment recommendations;
- ✓ To attempt to follow the directions and advice offered by the staff;
- ✓ To give 24-hour notice of any appointment cancellations;
- ✓ To know names of the staff who are caring for you;
- ✓ To report changes in your condition to those responsible for your care and welfare;
- ✓ To be considerate and respectful to the rights of other clients and staff;
- ✓ To honor the confidentiality and privacy of other clients;
- ✓ To notify staff or the Client Rights Officer if you feel your rights are being violated;
- ✓ To assure that the financial obligations of your health care are fulfilled as promptly as possible;
- ✓ To follow Samaritan Behavioral Health rules and regulations affecting your care and conduct.

### ***Procedures***

A copy of the Client Rights Policy and Grievance Procedure will be given to each service applicant at the time of intake or, in unusual circumstances, by the next subsequent appointment. Clients with limitations that may preclude full understanding will also have the policy explained to them. Distribution will occur as part of the financial counseling process except in a crisis/emergency situation where the applicant shall be verbally advised of the immediately pertinent rights, e.g., the right to consent or to refuse any service upon full explanation of the consequences of that agreement or refusal, etc. A copy of the policy shall be provided at the next subsequent appointment, if scheduled.

Persons receiving "indirect" services (consultation, education, prevention, training, etc.) may have a copy and explanation of the Client Rights and Responsibilities Policy upon request.

A copy of this policy is posted in a conspicuous location in each building operated by the center.

It is expected that every staff person will be familiar with all Client Rights and the grievance process and will explain any and all aspects of the rights and the grievance procedure upon request.

A Client Rights Officer (CRO) has been assigned to help assure clients of their rights. He/she will accept and oversee the process of any grievance filed.

The CRO or his alternate is readily accessible by telephone or in person.

#### **The Client Rights Officer is:**

Dale Eilerman, M.Ed., PCC-S  
 Supervisor of Training and Organizational Learning  
 Samaritan Behavioral Health, Inc.  
 Elizabeth Place  
 601 Edwin C. Moses Blvd  
 Dayton, Ohio 45408  
 Monday through Friday (8:30 am - 4:30 pm)  
 Day Phone: (937) 276-8333 Fax: (937) 276-8339  
 deilerma@shp-dayton.org

In his absence, or in case of a grievance against Dale Eilerman, Susan Elias will assume the responsibilities. She can be reached at (937) 276-8333.

### *Grievance Procedure*

The client has the option of filing a grievance with an outside agency. Should a client, or another party on behalf of a client, have a grievance, that person may file the grievance at any time. Assistance will be given to help file the grievance. A client grievance form will be used. Grievances must include information of the date, time, location, names of the person(s) involved and a description of the incident/situation. Grievances must be in writing, signed and dated by the client.

All grievances are to be settled within the following steps:

1. The Client Rights Officer will review the grievance within 48 hours, interview the client as necessary and appropriate, conduct any investigation deemed necessary, and render a judgment within 20 working days of receipt of the written grievance or 3 working days after receiving the grievance if the client is an ODADAS client. An extension, which shall be explained to the grievant, may be required when unusual circumstances prevent the CRO from completing a full investigation. If resolved, a written statement of the results will be given to the client.
2. If not resolved, the matter will be referred to an impartial decision maker, the President and CEO of Samaritan Behavioral Health, Inc. The client and the CRO will meet with the president to review the grievance. A written statement of the results will be given to the client. The entire process will be completed within 20 days of the receipt of the grievance.
3. If not resolved, the client will be advised and referred to outside agencies. The CRO may assist the client in contacting any resource.
4. The administration of Samaritan Behavioral Health, Inc. will give whatever support is required for the CRO to fulfill her/his role in assuming that the agency is in compliance with the Grievance Procedure.
5. Upon their request, information about the grievance will be provided to any outside agency(ies) to which the client has been advised and referred for resolution of the grievance. The agencies usually included are:

*Alcohol, Drug Addiction and Mental Health  
Services Board for Montgomery County  
The Woolpert Building  
409 E. Monument Avenue, Suite 102  
Dayton, Ohio 45402  
(937) 443-0416  
TTD/TTY Not available*

*Preble County Mental Health and  
Recovery Board  
121 N. Barron Street  
Eaton, Ohio 45320  
(937) 456-2596  
TTD/TTY Not available*

*Ohio Department of Mental Health  
30 E. Broad Street, 8<sup>th</sup> Floor  
Columbus, Ohio 43266-0414  
(614) 466-2596  
TDD (614) 752-9696*

*State of Ohio Dept. of Alcohol and  
Drug Addiction  
Two Nationwide Plaza, 12th Floor  
280 N. High Street  
Columbus, Ohio 43215  
(614) 466-3445  
TDD (614) 644-9140*

*Ohio Legal Rights Service*  
8 E. Long Street, 8<sup>th</sup> Floor  
Columbus, Ohio 43266-0568  
(614) 466-7264  
TTY (614) 728-2553

*Attorney General's Office*  
Medicaid Fraud Control Section  
30 E. Broad Street  
Columbus, Ohio 43266-0400  
(614) 466-4320 or 1-800-282-0515  
TDD/TTY (614) 466-1393 or 1-800-282-0515

*Governor's Office of Advocacy for  
People with Disabilities*  
8 E. Long Street, 7<sup>th</sup> Floor  
Columbus, Ohio 43266-0400  
(614) 466-9956 or 1-800-228-5405  
TDD/TTY (614) 466-9956 or 1-800-228-5405

*U.S. Department of Health and Human Services*  
Office for Civil Rights, Region V  
105 W. Adams Street, 16<sup>th</sup> Floor  
Chicago, Illinois 60603  
(312) 886-2359 or 1-800-368-1019  
TDD/TTY (312) 353-5693 or 1-800-863-1010

*Ohio Counselor, Social Worker, and Marriage  
and Family Therapist Board*  
77 S. High Street, 16<sup>th</sup> Floor  
Columbus, Ohio 43215-6108  
(614) 466-0912  
TDD/TTY Not available

*State Medical Board*  
65 S. High Street, Suite 510  
Columbus, Ohio 43266  
(614) 466-3934  
TDD/TTY Not available

*Nursing Education and Nurse Registration Board*  
65 S. High Street, Suite 509  
Columbus, Ohio 43266  
(614) 466-3947

*State Board of Psychology*  
65 S. Front Street, Suite 507  
Columbus, Ohio 43266  
(614) 466-8808  
TDD/TTY 1-800-750-0750