Welcome to Circle Health Services and The Centers for Families and Children’s Integrated Health Program.

It is our goal to provide you with effective, high-quality services in a safe environment.

Please review your Rights, as well as your Responsibilities and Program Rules.

**Client Rights**

No right extends so far as to jeopardize the health and safety of others.

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 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 refusal of any other service, unless that service is a necessity for clear treatment reasons and requires that 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 that addresses the needs and responsibilities of the client and specifies the provision of appropriate and adequate services either directly or by referral. Client is entitled to a copy of his or her ISP;
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 and the right to 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 mirrors, tape recorders, video recorders, television, movies, photographs or other audio and visual technology. This right does not prohibit The Affiliated Organizations from using closed-circuit monitoring to observe common areas not including bathrooms;
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 restriction, a goal to remove the restriction, and the treatment being offered to remove the restriction;
12. The right to be informed a reasonable 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 to be informed of the reason for denial of a service 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 an independent treatment specialist or legal counsel at one’s own expense.

**Complaint and Grievance Procedure**

Circle Health Services and The Centers for Families and Children encourage a first attempt to resolve any concerns about services directly with the staff person to determine if you can solve the problem together. If you are not comfortable doing to or have tried and were dissatisfied with the response, other methods to resolve concerns include:

**Step 1**

Discuss your concerns with the staff member’s supervisor.
**Step 2**
You may submit, at any time, a complaint or grievance to the Client Rights Officer. The Client Rights Officer is located at 4500 Euclid Avenue, Cleveland, Ohio 44103. The Client Rights Officer is available Monday through Friday from 9:00am – 4:30pm at 216-325-9312. In the event that the Client Rights Officer is not available, the duties and responsibilities are appropriately delegated.

A complaint or grievance may be filed within a reasonable period of time from the date the events occurred. You may submit concerns to the Client Rights Officer via telephone, in writing, or make an appointment to meet with the Client Rights Officer in person. The Client Rights Officer will assist you in filing a complaint or grievance, if needed, and will investigate on your behalf. Should you or another person wish to file a formal grievance, the Client Rights Officer can assist you to put your concerns in writing. All grievances must be in writing, signed, and dated by you or the individual filing the grievance on your behalf. The written grievances must also include the date, approximate time, a description of the incident / situation, and the names of the individuals involved.

**Step 3**
The Client Rights Officer will investigate the complaint or grievance by discussing your concerns with staff who are directly involved. Meetings with staff members, the Client Rights Officer, and the client may be scheduled.

The Client Rights Officer will acknowledge receipt of the complaint or grievance within five (5) working days. The Client Rights Officer will provide you with written notification and an explanation of the resolution of formal grievances within twenty (20) working days. This notification will also be provided to persons filing a grievance on behalf of the client, with the client’s permission. If the proposed resolution is accepted, the issue is closed.

In the event that the grievance is filed against a staff member, The Affiliated Organizations will assure that the staff member being grieved against is not involved in assisting you in completing the grievance, the investigation process, and the decision-making / resolution of the grievance.

Records of written grievances will be kept for at least two (2) years, including, but not limited to, a copy of the grievance, documentation of the resolution of the grievance, and a copy of the letter to the client reflecting the resolution of the grievance.

**Step 4**
If you are dissatisfied with the response to your complaint or grievance, you may request a review by the Vice President of Risk Management or designee. The Vice President of Risk Management or designee will review the case and provide a response in writing within five (5) business days of the request.

**Step 5**
If dissatisfied with the determination of the Vice President of Risk Management or designee, you may appeal to a Formal Hearing Panel. Every effort will be made to schedule the hearing within five (5) working days of the request.

The Formal Hearing Panel will be a group of three (3) persons interested in assuring that your rights are preserved and respected. It will be composed of three (3) members of Senior Management, and minimum one (1) of whom will be a person with experience in the area of service related to the client’s concerns. The Formal Hearing Panel may elect to have a legal advisor present during the hearing. The legal advisor would not be a member of the Formal Hearing Panel or have a vote.

The Formal Hearing Panel will first meet with you to discuss the concerns. The Formal Hearing Panel will then meet with members of The Affiliated Organizations’ staff to discuss the matter in question. Both the client and the staff will be entitled to representation during the hearing.

If you wish, the Client Rights Officer will represent you at the hearing. You may choose to have someone other than the Client Rights Officer present at the hearing to assist in presenting and discussing concerns. Should this person not be a member of The Affiliated Organizations, you will consent to his or her presence by completing an Authorization for Request or Disclosure of Protected Health Information form prior to the hearing. Should you desire another staff member to act as a representative, the Vice President of Risk Management will designate an appropriate staff member.

If you wish to have legal representation at the hearing, you will be asked to furnish the name and address of your representative to the Vice President of Risk Management. This must be done in writing and received at least forty-eight (48) hours prior to the panel. You will consent to the presence of his or her legal representative by completing an
Authorization for Request or Disclosure of Protected Health Information form prior to the hearing.

After both you and The Affiliated Organizations’ staff have been heard in the matter, the Formal Hearing Panel will reach a decision. The decision will be communicated in writing within five (5) business days of the hearing. The decision of the Formal Hearing Panel is final.

You may also choose to contact outside entities to file your grievance, including, but not limited to:

**The Alcohol, Drug Addiction and Mental Health Services (ADAMHS) Board of Cuyahoga County**

*Client Rights Officer or Consumer Relations Specialist*

2012 West 25th Street, 6th Floor
Cleveland, Ohio 44113
Phone: 216-241-3400
Ohio Relay at 1-800-750-0750

**Ohio Department of Mental Health and Addiction Services (OhioMHAS)**

*Consumer Advocacy and Protection Specialist*

30 East Broad Street, 8th Floor
Columbus, Ohio 43215-3420
Phone: 614-466-2333
Consumer and Family Toll Free: 1-877-275-6364
TTY: 1-888-636-4889
Fax: 614-466-1571

**Disability Rights Ohio**

*Intake Department*

50 West Broad Street, Suite 1400
Columbus, Ohio 43215-5923
Phone: 614-466-7264
Toll Free in Ohio: 1-800-282-9181

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**Client Rules and Responsibilities**

Our services are based on a partnership between you and the treatment team. Client responsibilities include the following:

- Please maintain open communication with your treatment team. If you feel you cannot do this, you are encouraged to talk to the worker or a supervisor about your concerns, so we can work with you to develop a solution.

- If you need to cancel an appointment, please call at least 24 hours in advance.

- Please arrive on time for appointments. If you are more than 15 minutes late for an appointment, we may not be able to see you that day and may have to reschedule your appointment for another day.

- Please tell us about the symptoms and issues you are experiencing. We can provide more effective services if we have a full and complete assessment of what you are experiencing and how you are feeling.

- Please participate in your service plan and review. We want your plan to result in success. It is important that we know what you want to work on.

- Please give seven (7) days advanced notice if you are running low on medications so we can schedule you an appointment. We might not be able to see you the same day you run out of medications and we do not want you to go without medication.

These rules are designed to protect you and others from harm. Failure to follow them may result in you being asked to leave our premises. Repeated and/or serious violations may result in you being terminated from the program.

- Weapons are not permitted on agency property.

- Alcohol and illegal/street drugs are not allowed on agency property.
• You may be asked to leave the premises and/or a service session may be ended if it is suspected that you are under the influence of alcohol or drugs and unable to actively participate in treatment.
• You may be asked to leave the premises and/or a service session may be ended if you become verbally abusive to other clients, visitors or staff.
• You may be asked to leave the premises and/or a service session may be ended if you become physically aggressive, threatening or violent with other clients, visitors or staff.
• Loitering is not permitted.
• Solicitation is not permitted.
• Fighting is not permitted.