

# Grievance Procedures

1. All grievances must be in writing. Clients may request the assistance of any personnel at Freedom Center, to assist them in obtaining the Grievance Form and helping them complete the form. The CRO is available to assist the client in filing a grievance, including preparation of a written text of the grievance.
2. All Grievances must include, if available, the date, approximate time, and description of the incident and names of individuals involved in the incident or situation being grieved.
3. The written grievance must be dated and signed by the client, the individual filing the grievance on behalf of the client, or have an attestation by the CRO that the written grievance is a true and accurate representation of the client's grievance.
4. Grievances are to be submitted to the Client Rights Officer (CRO) by providing the Grievance Form to the Front Office staff who will contact the CRO by phone the same day as requested.
5. The CRO will accept the Grievance from client(s), their legal guardian or Freedom Center personnel, noting the date and time of receipt on the form. The CRO or anyone receiving the grievance will request from the client the phone number and address to which any questions or response should be directed.

6. The CRO will provide a written acknowledgment of receipt of the grievance to each grievant. Such acknowledgment shall be provided within three working days from receipt of the grievance. The written acknowledgment shall include, but not be limited to, the following:

- a. Date grievance was received.
- b. Summary of grievance.
- c. Overview of grievance investigation process.
- d. Timetable for completion of investigation and notification of resolution.
- e. Treatment provider contact name, address and telephone number.

7. The CRO will be responsible for preparing a written text of the grievance if one has not already been completed.

8. The Grievance Form will state that Freedom Center will make a resolution decision on the grievance within twenty (20) business days of receipt of the grievance. Any extenuating circumstances indicating that this time period will need to be extended must be documented on the Grievance Form and written notification given to the client.

**CLIENT RIGHTS OFFICER (CRO)**  
**PAMELA CRAYCRAFT**  
**LISW-S, QUALITY IMPROVEMENT**  
**DIRECTOR**

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Mount Vernon, OH
-  740-397-2660
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*Where Wellness Begins*

# Client Rights & Grievance Procedures



Proud Member of



# Client Rights

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, 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 or treatment plan (ISP or ITP), regardless of the refusal of any other service, unless that service is a necessity for clear treatment reasons and requires the person's participation;
5. The right to give informed consent to, withdraw consent, or to 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;
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 vision mirrors, tape recorders, video recorders, television, movies, photographs or other audio and visual technology. This right does not prohibit the Freedom Center from using closed-circuit monitoring to observe 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 rights to have access to one's own medical 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 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 have 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.
22. Clients have the option to file a grievance with outside organizations, that include, but are not limited to, the following:

Mental Health and Recovery for Licking and Knox Counties  
1435 W. Main Street, Suite B  
Newark, Ohio 43055  
740-522-1232

Ohio Department of Mental Health and Addiction Services.

30 East Broad Street, 36th Floor  
Columbus, Ohio 43215-3430  
614-466-2596

Disability Rights Ohio (previously known as Ohio legal rights services)

200 Civic Center Drive, Suite 300  
Columbus, Ohio 43215  
614-466-7264

U.S. Department of Health and Human Services  
Civil Rights Midwest Regional Office.  
Steven Mitchell, Regional Manager  
Office for Civil Rights

U.S. Department of Health and Human Services  
233 N. Michigan Ave., Suite 240  
Chicago, IL 60601

Customer Response Center: (800) 368-1019  
Fax: (202) 619-3818  
TDD: (800) 537-7697  
Email: [ocrmail@hhs.gov](mailto:ocrmail@hhs.gov)

**For more information, please contact  
The Freedom Center.**