



Child & Adolescent  
Behavioral Health

Improving Lives Since 1976.

CLIENT HANDBOOK

NOTICE OF PRIVACY PRACTICES

CLIENT RIGHTS  
AND  
GRIEVANCE PROCEDURES

919 Second Street, NE  
Canton, Ohio 44704

Thelma Coss, Privacy Officer, Client Rights Advocate  
330-454-7917 x248

Joyce Lane, Peer Advocate  
330-454-7917 x307

TDD: 330-588-2634

Notice Regarding the Use and Disclosure Of  
Protected Health Information

*Effective April 14, 2009*

This notice describes how medical information about your child may be used and disclosed and how you can get access to this information. Please review it carefully.

This Notice has been prepared by Child and Adolescent Behavioral Health. It tells you how Protected Health Information about your child can be created, shared, protected and maintained.

*What is my Protected Health Information?*

- Anything from the past, present or future;
- About your child's mental or physical health or condition;
- That is spoken, written, or electronically recorded, and is
- Created by or given to anyone providing care to your child; a health plan; a public health authority; your employer; your insurance company; your child's school or university; or anyone who processes health information about your child.

*What Rights Do I Have About My Protected Health Information?*

- You have the right to consent to the use and disclosure of your child's Protected Health Information for the limited purpose of diagnosing him/her and administering and paying for his/her treatment.
- You have the right to authorize the sharing of your child's Protected Health Information for other purposes.
- You have the right to see and copy your child's Protected Health Information. Exceptions to this information are psychotherapy notes; information prepared for certain legal proceedings; and information maintained by clinical laboratories.
- You have the right to request that we amend your child's Protected Health Information.
- You have the right to be informed about and to share your child's Protected Health Information in a confidential manner chosen by you. The manner you choose must be possible for us to do.
- You have the right to restrict how we use and disclose your child's Protected Health Information. We do not have to agree to your restrictions. If we do agree, we must follow your restrictions.
- You have the right to obtain a copy of a record of certain disclosures of your child's Protected Health Information that we make. If you request a copy of the information, we may charge a reasonable fee for the costs of copying, mailing or other supplies associated with your request.
- You have the right to have a copy of this Privacy Notice. We may change the terms of this Privacy notice from time to time. You can always get a copy of the current Privacy Notice by requesting it from your child's service provider, from the Privacy Officer/Client Rights Advocate, Thelma Coss 330-454-7917 x248, or from Alternate Client Rights Advocate Joyce Lane (x307).

**Consent**

What can be done with my information if I consent to disclose it for my child's diagnosis or to administer and pay for his/her treatment?

With your consent, we can share information about your child's health with other specialists so that your child can receive the most appropriate treatment. For example, your child's counselor could share with the treating physician that your child is depressed. The doctor could then prescribe medication to help him/her feel better.

With your consent, we can share information about when and for what purpose your child was seen, so that we can be paid for treating him/her. For example, we could send a form to your insurance company stating when and for what condition your child was at the office. They can then send us money to help cover the costs of your child being seen.

With your consent, we can share information with other healthcare entities to ensure that your child obtains the correct diagnosis. For example, if your child were complaining about being tired all the time, we could obtain a sample of his/her blood and sent it to a blood laboratory. The blood laboratory could send us back information that your child's blood sample contained high sugar levels. This could help us determine whether your child has diabetes.

With your consent, we can share information for the purposes of:

- treatment (provision, coordination, or management of health care services; consultations; or referrals between health care providers);
- payment (activities undertaken to obtain or provide reimbursement or premiums for the provision of health care and related activities, including eligibility and coverage determinations, risk adjustments, billing, claims management, collections, utilization reviews, and medical necessity reviews;
- operations (services or activities necessary to carry out the agency's functions regarding treatment or payment, including but not limited to quality assessment and improvement activities, business planning and development, legal services and planning, auditing, accreditation, and licensing activities).

*Can I revoke my consent?*

Yes. You can revoke your consent. You must do this in writing and bring it to us so that we can stop using and disclosing your child's Protected Health Information. We are permitted to use and disclose your child's Protected Health Information based on your consent until we receive your revocation in writing. However, if you revoke your consent, we reserve the right to refuse to provide further treatment to your child, on the basis of your refusal to allow us to share your information for purposes of treatment, payment, and healthcare operations.

Authorization

*What can be done with my child's information if I authorize its disclosure for other purposes?*

With your permission, we can share your child's Protected Health Information for reasons other than to diagnose and to administer and pay for treatment. For example, you might agree to allow us to share your child's Protected Health Information with a drug company so that it can send you information about new medications to treat your child's condition.

*Can I revoke my authorization?*

Yes. You can revoke your authorization. You must do this in writing and bring it to us so that we can stop sharing your child's Protected Health Information. We are permitted to share your child's Protected Health Information based on your authorization until we receive your revocation in writing.

*Are there circumstances when my child's information can be shared without my consent or authorization?*

**Yes. Your child's Protected Health Information can be shared without your prior consent or authorization:**

- 1. In an emergency as long as consent is obtained as soon as possible;**
- 2. When required by law:**
  - **For public health activities;**
  - **To protect victims of abuse, neglect or domestic violence;**
  - **For health oversight activities;**
  - **For judicial and administrative proceedings;**
  - **For law enforcement purposes;**
  - **To a coroner/medical examiner;**
  - **For research purposes;**
  - **To avert serious threats to health or safety;**
  - **To facilitate specialized government functions;**
  - **To correctional institutions for specific reasons;**
  - **To facilitate eligibility determinations or enrollment into public benefit programs;**
  - **For Workers Compensation;**
  - **To non-custodial parents, upon request, unless this privilege is denied by a court order;**
- 3. When there are substantial communication barriers and it is reasonable to believe that you are giving your consent or authorization.**

*What about any other uses of my child's Protected Health Information?*

Other uses and disclosures of health information not covered by this notice or the laws that apply to us will be made only with your written permission. If you provide us permission to use or disclose medical information about your child, you may revoke that permission, in writing, at any time. If you revoke your permission, we will no longer use or disclose medical information about your child for the reasons covered by your written authorization. You understand that we are unable to take back any disclosures we have already made with your permission, and that we are required to retain our records of the care that we provided to your child.

*What will you do to protect my child's health information?*

We will maintain the privacy of your child's Protected Health Information as required by law. At your request, we will provide you with a Privacy Notice containing our legal responsibilities and privacy practices regarding Protected Health Information.

We will follow the terms of the Privacy Notice currently in effect.

We reserve the right to change the terms contained in this Privacy Notice. If we do this, it will affect all Protected Health Information maintained by us. We will notify you that we have changed the Privacy Notice by posting it at our offices, and by mailing it to you at the address you provide.

*What can I do if I have questions or want to complain about the use and disclosure of my child's Protected Health Information?*

All questions and complaints about the use and disclosure of your child's Protected Health Information may be sent to:

NAME	Thelma L. Coss
TITLE	Privacy Officer/Client Rights Advocate
PHONE NUMBER	(330) 454-7917 x248
ADDRESS	919 Second Street, N.E. Canton, Ohio 44704

We may not retaliate against you for complaining about the use and disclosure of your child's Protected Health Information.

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## CLIENT RIGHTS

And

## GRIEVANCE PROCEDURE

### I. INTRODUCTION

All Child and Adolescent employees and workers located at any site where services or treatment are provided will always strive to provide you, the individual or family who comes to us for assistance, with quality, timely services in a setting you find friendly and supportive. As someone who receives services from our agency, you are entitled, by law, to the opportunity to know and understand your rights and responsibilities according to law and to Child and Adolescent Behavioral Health policy. The following information is provided for your reference. Please do not hesitate to call or write us if you have any questions or concerns.

### II. DEFINITIONS

- A. "Client" means a person who has applied for services, or is receiving or has received mental health services.
- B. "Services" means any or all of the following mental health services:
  1. Diagnostic Assessment
  2. Counseling/psychotherapy  
(individual, family, or group)
  3. Medical/Somatic

4. Forensic Evaluation
  5. Pre-Hospital Screening
  6. Crisis Intervention
  7. Peer Support
  8. Community Support/Case Management
  9. Consultation
  10. Prevention
  11. Mental Health Education
  12. Referral and Information
- C. “Confidentiality” means the right to privacy of client’s service, treatment, or records.
- D. “Records” means the client’s service/treatment file.
- E. “Guardian” means the parent, adult, or agency holding legal custody of the client.
- F. “Agency Client Rights Advocate” means an individual designated by the agency who assures client-centered advocacy services are provided to people served by the agency. Duties include protecting the human and civil rights of persons served and investigating and responding to complaints and grievances.
- G. “Complaint” means any concern communicated by a person questioning the personal care or clinical treatment received by the person served, the environmental conditions, or any aspect of services received. A complaint is less formal than a grievance.
- H. “Grievance” means a formal request for further review of any unresolved complaint that may or may not contain allegations of the denial, exercise or violation of the rights of persons served. A grievance may be initiated either orally or in writing by a person served, client, ex-client, or any other person or agency acting on behalf of a person served.
- I. “Grievant” means the person(s) who initiates the complaint, grievance and/or appeal. The grievant may be the client, a parent, a relative, guardian of the adult person, guardian of a minor child, an advocacy group or other interested person(s).
- J. “Mediation” means a voluntary process in which a neutral third party meets with persons who have a disagreement or dispute and facilitates their reaching a mutually satisfactory resolution.
- K. “Appeal” means any grievance that remains unresolved to the client’s satisfaction and for which the client requests a higher level review, hearing, or re-hearing of the client’s grievance.
- L. “Resolution” means the oral or written determination, answer, and expression of opinion after a review, investigation and analysis of the concern, directed to the grievant.

### III. CLIENT RIGHTS

- A. The right to be treated with consideration and respect for personal dignity, self-determination, and privacy;
- B. the right to service in a humane setting which is the least restrictive feasible as defined in the individualized service plan;
- C. the right to be informed of one’s own condition, or proposed or current services, treatment or therapies, and of the alternatives;
- D. 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;
- E. the right to a current, written, individualized service plan that addresses one’s own mental health recovery/resiliency, physical health, social, cultural, and economic needs, and that specifies the provision of appropriate and adequate services, as available, either directly or by referral;

- F. the right to active and informed participation in the establishment, periodic review, and reassessment of the individualized service plan;
- G. the right to freedom from unnecessary or excessive medication;
- H. the right to freedom from unnecessary or excessive restraint or seclusion;
- I. 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 clinical 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;
- J. the right to be informed of and refuse any unusual or hazardous treatment procedures;
- K. the right to be advised of and refuse to be observed by techniques such as one-way vision mirrors, tape/video recorders, televisions, movies, photographs, or any other observation or recording device not used for building security purposes;
- L. the right to consult with independent treatment specialists or legal counsel, at one's own expense;
- M. the right 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 law, unless release of information is specifically authorized by the client or parent or legal guardian of a minor client or court-appointed guardian of the person of an adult client;
- N. the right 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 service 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 client that necessitates the restriction. The restriction must be renewed 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 and obtaining copies of personal records;
- O. the right to be informed in advance of the reason(s) for transfer, termination or discontinuance of service provision or provider, and to be involved in planning for the consequences of that event;
- P. the right to receive an explanation of the reasons for denial of service;
- Q. the right 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, development disability, or inability to pay;
- R. the right to be fully informed of the cost of services;
- S. the right to be fully informed of all rights;
- T. the right to exercise any and all rights without reprisal in any form including continued and uncompromised access to service;
- U. the right to file a complaint/grievance; and
- V. the right to have oral and written instructions and assistance in an accessible format for filing a complaint/grievance or mediation;

#### IV. HOW TO FILE A COMPLAINT/GRIEVANCE

- A. The grievance procedure shall be posted in a highly visible place in each agency location.
- B. Upon request, all Child and Adolescent Behavioral Health (C&A) clients and/or guardians shall be provided with oral and written instructions for filing a grievance. Any C&A client/guardian who has a concern, complaint, or grievance should contact Client Rights Advocate, Thelma Coss, at Child and

Adolescent Behavioral Health, 919 Second Street, NE, Canton, Ohio 44704, 330-454-7917 x248. Agency business hours are Monday-Friday 8:00 a.m. - 5:00 p.m. Clients/guardians may also contact the C&A Peer Support Program at 330-454-7917 or 330-823-5335.

- C. C&A shall provide the Client Rights Advocate with accessibility and all necessary steps to assure compliance with the grievance procedure. Alternative arrangements will be made if the Client Rights Advocate is the subject of the grievance.

## **V. GRIEVANCE/COMPLAINT PROCEDURES**

- A. Any person (client/family/other) who has a concern, complaint or grievance shall immediately be provided with the name and phone number of the agency Client Rights Officer (Thelma Coss, 330-454-7917). The Client Rights Officer and/or C&A Peer Support Joyce Lane will assist the griever in resolving the concern through the following steps:
  - 1. All C&A clients/guardians shall attempt to discuss any concerns with the source of that concern.
  - 2. If the C&A client/guardian is not satisfied, he/she will contact and/or meet with the immediate supervisor/designee within two (2) working days. The Supervisor may also meet with the supervisee. The Chief Executive Officer and the Client Rights Officer shall be notified of the concern.
  - 3. If the C&A client's concerns remain unresolved, the client/guardian shall meet with the appropriate Administrator/Department Head/designee, within two (2) working days.
    - a. Immediately following the client's meeting with the Administrator/Department Head/designee, the Client Rights Advocate/designee shall meet with the client and with the Administrator/Department Head/designee to (a) ascertain that a resolution has been reached or (b) if no resolution has occurred, to determine what concerns still exist and to attempt to resolve those concerns.
  - 4. If the C&A client's/guardian's concerns still remain unresolved, the Client Rights Advocate/designee shall assist the client/guardian in preparing and submitting a written statement to the Executive Director, within three (3) working days.
  - 5. The Chief Executive Officer, as an impartial decision-maker, shall meet with the client/guardian and then shall confer with the Chief Operating Officer and the Client Rights Officer as part of the resolution.
    - a. Within three (3) working days, the Chief Executive Officer will convey his decision, in writing, to the client/guardian.
    - b. If the C&A client/guardian is still not satisfied, he/she may address an Ad Hoc Committee composed of a member of the Board of Trustees, the Chief Executive Officer, the Client Rights Officer, and an impartial agency Administrator. The Committee will meet and deliver a decision with ten (10) working days.
- B. After each attempt to resolve the client's grievance, the Client Rights Officer/designee will give the client written notification and an explanation of the resolution.
- C. Upon written request of the client, information may be released regarding the grievance.
- D. All C&A clients/guardians shall be provided the opportunity to file a grievance within a reasonable period of time or as mandated by law (particularly in the case of children), from the date the grievance occurred and a time line not exceed twenty (20) working days from the date of filing the grievance until a resolution of the grievance within this agency.
- E. All C&A clients/guardians shall have the option to register a complaint with any or all, but not exclusively, the following:
  - 1. Stark County Mental Health and Recovery Services Board  
800 Market Avenue, North, Canton, OH 44702 Telephone: 330-455-6644
  - 2. Ohio Department of Mental Health  
30 East Broad Street, Columbus, OH 43215 Telephone: 614-466-2333
  - 3. Ohio Legal Rights Service  
50 West Broad Street, Columbus, OH 43215 Telephone: 800-282-9181

4. **United States Department of Health and Human Services, Regional Office,  
233 N. Michigan Avenue, Chicago, IL 60601 Telephone: 312-886-2359**
5. **Appropriate professional licensing, regulatory associations and/or other State Departments.  
The names, addresses and phone numbers of the aforementioned will be given to the griever.**

#### VI. CHILD AND ADOLESCENT BEHAVIORAL HEALTH POLICY

- A. In addition to the Client Rights, Child and Adolescent Behavioral Health shall observe the following:
  1. All individualized service/treatment plans are reviewed according to Quality Assurance standards.
  2. All policies and procedures affecting treatment will be explained to the individual/family/guardian in a language that the individual/family/guardian can understand.
  3. Any individual with a hearing impairment will be provided with an interpreter and other auxiliary aids when necessary to afford such person an equal opportunity to benefit from services, at no cost to the individual. If such assistance or aids are necessary, the client/guardian shall inform C&A staff. (Refer to OL 07.14 Clients with Sensory Impairment.)
  4. Each client/family/guardian shall be provided information regarding the expectation, responsibilities and privileges of the client.
  5. Each client/family/guardian shall be provided information regarding rules of the program and consequences for breaking these rules.
  6. With authorization, referral source(s) may be notified of an individual's termination or suspension from treatment (i.e. Department of Jobs and Family Services, criminal justice authority, school.)
  7. The individual/family/guardian has a right to request a change of service provider.
  8. The individual/family/guardian has a right to support from an adult advocate who will express and pursue the wishes of the child or adolescent, and who will employ procedural safe-guards when fundamental rights and interests are threatened.
  9. All C&A employees shall act in accordance with the law to protect individuals from abusive, neglectful and endangering situations.
  10. Appropriate local, state, and federal regulations pertaining to nondiscrimination shall be posted where visible to clients and public.
  11. In case of emergency, clients/parent/guardians will at the least be informed of their rights to accept or reject any service.

#### VII. ACCESS TO RECORDS

- A. All C&A clients/guardians have the following rights with regard to access of clinical records:
  1. the right to receive written clinical information included in the designated record set following a completed authorization to release information signed by the current legal guardian. The request will be responded to within ten working days, if possible. Information in the record from other sources may be released only with an appropriate specific release of information form signed by the legal guardian.
  2. the right to have no written clinical information released to any outside party unless written authorization is given by the legal guardian or mandated by law; and
  3. the right to challenge information in their child's clinical record and to request an unbiased investigation of the accuracy of the information in question. The client/ guardian may request to insert a statement of clarification or amendment in the client's clinical record.