



Client Rights, Grievance Procedures and Privacy Practices

Client Rights Advocate
Nicole Borowy-Salamon
216.831.2255, ext. 3144

Privacy Officer
LaVisa Bell
216.821.2255, ext. 2227

(revised March 2018)



Notice of Privacy Practices, Client Rights and Grievance Procedures

Effective Sept. 23, 2013

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

Privacy Officer

LaVisa Bell

lbell@beechbrook.org

(216) 831-2255, ext. 2227

Your Rights

When it comes to your health information, you have certain rights. This section explains your rights and some of our responsibilities to help you.

Get an electronic or paper copy of your medical record	<ul style="list-style-type: none"> ➤ You can ask to see or get an electronic or paper copy of your medical record and other health information we have about you. Ask us how to do this. ➤ We will provide a copy or a summary of your health information, usually within 30 days of your request. We may charge a reasonable, cost-based fee.
Ask us to correct your medical record	<ul style="list-style-type: none"> ➤ You can ask us to correct health information about you that you think is incorrect or incomplete. Ask us how to do this. ➤ We may say “no” to your request, but we’ll tell you why in writing within 60 days.
Request confidential communications	<ul style="list-style-type: none"> ➤ You can ask us to contact you in a specific way (for example, home or office phone) or to send mail to a different address. ➤ We will say “yes” to all reasonable requests.
Ask us to limit what we use or share	<ul style="list-style-type: none"> ➤ You can ask us not to use or share certain health information for treatment, payment, or our operations. We are not required to agree to your request, and we may say “no” if it would affect your care. ➤ If you pay for a service or healthcare item out-of-pocket in full, you can ask us not to share that information for the purpose of payment or our operations with your health insurer. We will say “yes” unless a law requires us to share that information.
Get a list of those with whom we’ve shared information	<ul style="list-style-type: none"> ➤ You can ask for a list (accounting) of the times we’ve shared your health information for six years prior to the date you ask, who we shared it with, and why. ➤ We will include all the disclosures except for those about treatment, payment, and health care operations, and certain other disclosures (such as any you asked us to make). We’ll provide one accounting a year for free but will charge a reasonable, cost-based fee if you ask for another one within 12 months.
Get a copy of this privacy notice	<ul style="list-style-type: none"> ➤ You can ask for a paper copy of this notice at any time, even if you have agreed to receive the notice electronically. We will provide you with a paper copy promptly.
Choose someone to act for you	<ul style="list-style-type: none"> ➤ If you have given someone medical power of attorney or if someone is your legal guardian, that person can exercise your rights and make choices about your health information. ➤ We will make sure the person has this authority and can act for you before we take any action.
File a complaint if you feel your rights are violated	<ul style="list-style-type: none"> ➤ You can complain if you feel we have violated your rights (via phone to Beech Brook’s Privacy Officer at (216) 831-2255, by fax (216) 831-0436, by mail to Privacy Officer, Beech Brook, 3737 Lander Road, Pepper Pike, Ohio 44124, or by e-mail to lbell@beechbrook.org)

	<ul style="list-style-type: none"> ➤ You can file a complaint with the U.S. Department of Health and Human Services Office for Civil Rights by sending a letter to 200 Independence Avenues, S.W., Washington, D.C. 20201, calling 1-877-696-6775, or visiting www.hhs.gov/ocr/privacy/hipaa/complaints/ ➤ We will not retaliate against you for filing a complaint.
--	---

Your Choices

For certain health information, you can tell us your choices about what we share. If you have a clear preference for how we share your information in the situations described below, talk to us. Tell us what you want us to do, and we will follow your instructions. Beech Brook will accommodate special communication method requests when/if possible. Please be aware that the electronic transmission of PHI (including email or fax) can be intercepted in transmission or redirected.

In these cases, you have both the right and choice to tell us to:	<ul style="list-style-type: none"> ➤ Share information with your family, close friends, or others involved in your or your child's care ➤ Share information with a school ➤ Share information in a disaster relief situation. <p><i>If you are not able to tell us your preference, for example if you are unconscious, we may go ahead and share your information if we believe it is in your best interest. We may also share your information when needed to lessen a serious and imminent threat to health or safety (such as reporting suspected child abuse, neglect or a serious threat to harm someone).</i></p>
In these cases we never share your information unless you give us written permission	<ul style="list-style-type: none"> ➤ Marketing purposes ➤ Sale of your information ➤ Most sharing of psychotherapy notes
In the case of fundraising	<ul style="list-style-type: none"> ➤ We may contact you for fundraising efforts, but you can tell us not to contact you again.

Our Uses and Disclosures

How do we typically use or share your or your child's health information? We typically use or share your health information in the following ways:

Treat you or your child	<ul style="list-style-type: none"> ➤ We can use your health information and share it with other professionals who are treating you 	Example: A psychiatrist treating you for depression asks another doctor about your overall health condition.
Run our organization	<ul style="list-style-type: none"> ➤ We can use and share your health information to run our organization, improve your care, and contact you when necessary. 	Example: We use health information about you to manage your treatment and services.
Bill for your services	<ul style="list-style-type: none"> ➤ We can use and share your health information to bill and get payment from health plans or other entities. 	Example: We give information about you to your health insurance plan so it will pay for your services.

How else can we use or share your health information? We are allowed or required to share your information in other ways – usually in ways that contribute to the public good, such as public health and research. We have to meet many conditions in the law before we can share your information for these purposes.

For more information see: www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/index.html

Help with public health and safety issues	<ul style="list-style-type: none"> ➤ We can share health information about you for certain situations such as: <ul style="list-style-type: none"> ○ Preventing disease ○ Helping with product recalls ○ Reporting adverse reactions to medications ○ Reporting suspected abuse, neglect, or domestic violence ○ Preventing or reducing a serious threat to anyone’s health or safety
Do research	<ul style="list-style-type: none"> ➤ We can use or share your information for health research
Comply with the law	<ul style="list-style-type: none"> ➤ We will share information about you if state or federal laws require it, including with the Department of Health and Human Services if it wants to see that we’re complying with federal privacy law.
Respond to organ and tissue donation requests	<ul style="list-style-type: none"> ➤ We can share health information about you with organ procurement organizations
Address workers’ compensation, law enforcement, and other government requests	<ul style="list-style-type: none"> ➤ We can use or share health information about you: <ul style="list-style-type: none"> ○ For workers’ compensation claims ○ For law enforcement purposes or with a law enforcement official ○ With health oversight agencies for activities authorized by law ○ For special government functions such as military, national security, and presidential protective services
Respond to lawsuits and legal actions	<ul style="list-style-type: none"> ➤ We can share health information about you in response to a court or administrative order, or in response to a subpoena

Our Responsibilities

- We are required by law to maintain the privacy and security of your protected health information.
- We will let you know promptly if a breach occurs that may have compromised the privacy or security of your information.
- We must follow the duties and privacy practices described in this notice and give you a copy of it.
- We will not use or share your information other than as described here unless you tell us we can in writing. If you tell us we can, you may change your mind at any time. Let us know in writing if you change your mind.

For more information see: www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/noticepp.html

Client Rights – Rule 5122-26-18 (D) of the Ohio Administrative Code

Each client has the following 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 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 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 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 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 vision mirrors, tape recorders, video recorders, television, movies, photographs or other audio and visual technology. This right does not prohibit an agency from using closed-circuit monitoring to observe seclusion rooms or 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 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 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 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.

Note: The Client Rights & Grievances policy, Alcohol & Drug Addiction Client Rights and Grievance policy, and Foster Care Child Rights policies are available upon request.

The Client Rights Advocate is Nicole Borowy-Salamon (216) 831-2255, ext 3144, or contact the Front Desk in Wade Administration, 3737 Lander Road, Cleveland, Ohio 44124

Grievance Procedure

Beech Brook is committed to assuring that client and staff rights are protected and quality treatment is provided to all clients receiving services in any Beech Brook programs. If a client, significant other or legal guardian has a concern or complaint, Beech Brook supports discussion and resolution of the concern. The agency strives to resolve concerns in a mutually agreeable manner.

The agency, however, recognizes that in some unusual cases, a more formal method of grievance and resolution must be outlined and used to arrive at the mutually agreeable resolution. The Client Rights Advocate (CRA) will assist a client in filling out a grievance, investigating on behalf of the client, and representing the client at an agency hearing.

- 1) Any individual, significant other or legal guardian receiving services through Beech Brook has the right to file a concern, complaint or grievance as soon as possible following the service in question.
- 2) The full grievance policy is available to any client upon request.
- 3) Client grievance procedure, its purpose and intent are reviewed with staff at orientation and thereafter as necessary.
- 4) The agency, through the CRA, will assist any client, client significant other, or legal guardian to file a grievance.
- 5) Clients are always encouraged to discuss concerns with the clinician, therapist or other members of the treatment team as a first step to resolution of the concern.
- 6) Grievances will be filed through the CRA, either verbally or in writing. If the CRA is not immediately available, a message will be taken by the agency receptionist and directed to the CRA in a timely manner.
- 7) If the grievance is against or involving the CRA, the grievance shall be directed to the President/CEO who will investigate the grievance on behalf of the client. Other aspects of the procedure will be followed as outlined.
- 8) During non-business hours, calls to the main number, **(216) 831-2255**, will be forwarded to the answering service and directed to the CRA or administrator on call for response. In most cases, the return call will occur on the next working day.
- 9) The CRA will complete an agency critical incident report for internal documentation of the grievance.
- 10) A written acknowledgment that the grievance has been received will be provided to the grievant within three business days from receipt of the grievance. The grievance will be reviewed and investigated and a written response of the resolution will be sent to the grievant within twenty business days. The twenty day time period maybe extended with documentation of extenuating circumstances.
- 11) If the Griever is not satisfied with the response, he/she is urged to go to the next step, which is notification of the President/CEO. The President/CEO will investigate the complaint and meet with the Griever.
- 12) If the grievance is still not resolved, a committee will be appointed by the President/CEO to further investigate the concern. The committee will consist of three to five persons, as determined by the President/CEO or designee, and will be based on the nature of the grievance and the program involved.

The Client Rights Advocate, Nicole Borowy-Salamon, is available on the Main Campus at 3737 Lander Road, Pepper Pike, Ohio 44124, from 8:30 a.m.-5 p.m., Monday through Friday, and can be reached at (216) 831-2255.

At any time, clients can also contact any of the following agencies to file a grievance:

Alcohol, Drug Addiction and Mental Health
Services Board of Cuyahoga County
2012 W. 25th Street – 6th floor
Cleveland, Ohio 44113-3102
(216) 241-3400

Ohio Department of Mental Health and Drug
Addiction
30 East Broad St., 7th floor
Columbus, Ohio 43215-3430
(614) 466-2956 or (877) 275-6364

Disability Rights Ohio (formerly Ohio Legal
Rights Service) – Attn: Intake Department
50 W. Broad Street, Suite 1400
Columbus, Ohio 43215-5923
(614) 466-7264 or (800) 282-9181

Attorney General's Office
Medicaid Fraud Section
150 E. Gay Street – 17th floor
Columbus, Ohio 43215
(800) 282-0515

U.S. Department of Health and Human
Services – Office for Civil Rights, Reg. V
Attn. Marilyn Brushered
300 South Wacker Drive
Chicago, Illinois 60606
(312) 886-5078

Counselor, Social Worker and
Marriage & Family Therapist Board
50 West Broad Street – Suite 1075
Columbus, Ohio 43215-5919
(614) 466-0912 or (614) 728-7791
<mailto:cswmft.info@cswb.state.oh.us>

The Joint Commission
Office of Quality Monitoring
One Renaissance Blvd.
Oakbrook Terrace, Illinois 60181
complaint@jointcommission.org
(630) 792-5800