

**RECOVERY SERVICES OF NORTHWEST OHIO, INC.**

**POLICY AND PROCEDURE MANUAL – BOARD GOVERNANCE**

**Title:** CLIENT RIGHTS **Page** 1 of 6  
**Number:** 709.00 **Effective Date:** 6/02  
**Authorized by:** Board of Directors **Revision Date:** 8/16, 8/17, 2/20,  
4-22, 6/22, 2/26

**POLICY:**

It is the policy of Recovery Services to inform all clients of their rights and to ensure that clients have a clear understanding of those rights and responsibilities.

**PROCEDURE:**

Persons who receive treatment services at this program will have the following rights:

1. Prior to the beginning of service delivery or at initiation of service delivery, and annually for persons served in a program for longer than one (1) year, each client will be provided with a written copy of the clients rights and an opportunity to request verbal review of the rights. The rights of the person served are communicated in a way that is understandable. Client rights are available at all times for review and clarification. Upon written request any other person may receive a copy of the policy and procedure regarding client rights. Documentation is maintained with dated signature by the clients, which is kept in each client's record to indicate receipt.
2. Clients or recipients of information and referral service, consultation service, mental health education service, and prevention service as described in Chapter 5122-29 of the Administrative Code may have a copy and explanation of the client rights policy upon request.
3. The client rights procedure will be posted. This policy and procedure is posted prominently at each location where clients and visitors may review them.
4. In a crisis or emergency situation the client will at a minimum be advised of their immediate pertinent rights. Such as the right to consent to or refuse the offered treatment and the consequences of that agreement or refusal. Full verbal explanation of the Client Rights Policy shall be provided at the first subsequent meeting.

5. Annually, the Client Rights Advocate will arrange for mandatory staff training.
6. Recovery Services of Northwest Ohio promotes maximum integration and inclusion of the persons served through regular evaluation of the following: any restrictions placed on the privileges of the persons served; method to reinstate restricted or lost privileges; and the purpose of benefit of any type of restriction on privileges.
7. Privileges can be lost through violation of program rules or a failure to demonstrate progress in treatment. Should restrictions on privileges occur, the purpose or benefit of the restriction will be fully explained to the client and will be documented in the case record. The patient will also be informed regarding the methods to reinstate restricted or lost privileges. This will also be documented in the case record.
8. The rights of clients are non-negotiable, i.e. they cannot be lost by the patient or taken away by the organization. In contrast, privileges may be extended to patients as a result of exceptional conformance to program rules or due to extraordinary progress. Privileges, unlike client rights, can be lost through violations of program rules or a failure to demonstrate progress in treatment.
9. Recovery Services of Northwest Ohio commits to the recognition of diversity in culture, age, gender, sexual orientation, spiritual beliefs, socioeconomic status, and language.
10. Recovery Services of Northwest Ohio maintains the rights and dignity of the persons served at all times and makes appropriate arrangements available to persons served to meet their need for privacy and safety.
11. When persons served participate in research, Recovery Services of Northwest Ohio adheres to all governmental regulations, professional ethics, and is approved by the Board of Directors. Recovery Services of Northwest Ohio ensures that the consumer participating is fully informed on the purposes, benefits and potential consequences of participation. Documentation that the client made an informed choice and that he/she had the right to cease participation with no penalty is required. A written consent from consumers to use, dispose, and release of the data is required.
12. Recovery Services of Northwest Ohio provides policies and procedures governing the rights of the person served that apply to all applicable federal and state regulations. This adherence is demonstrated in its clinical records, code of ethics, and other practices.

## **Client Rights Policy and Procedure**

Persons who receive substance use and/or mental health treatment services have 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 freedom from abuse, neglect, humility, financial or other exploitation and retaliation.
- 4) The right to receive services in the least restrictive, feasible environment.
- 5) The right to participate in any appropriate and available service that is consistent with an individual services plan (ISP), regardless of the refusal of any other services, unless that service is a necessity for clear treatment reasons and requires the person's participation.
- 6) The right to give informed consent, which includes providing the client with pertinent information in a sufficient time frame to facilitate their decision making, or to refuse any service, treatment or therapy, including medication absent an emergency.
- 7) The right to participate in the development, review, and revision of one's own individualized treatment plan and receive a copy of it.
- 8) The right to request referrals to legal services, self-help support services, and advocacy support services.
- 9) 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.
- 10) The right to be informed and the right to refuse any unusual or hazardous treatment procedures.
- 11) 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.
- 12) 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, per 42CFR, Part 2. See attached.
- 13) 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.

- 14) The right to be informed a reasonable amount of time in advance of the reason(s) for terminating participation in a service, and to be provided a referral, unless the service is unavailable or not necessary.
- 15) The right to be informed of the reason(s) for denial of a service.
- 16) 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, HIV status, whether asymptomatic or symptomatic, AIDS, or in any manner prohibited by local, state or federal laws.
- 17) The right to know the cost of services.
- 18) The right to be verbally informed of all clients rights, and to receive a written copy upon request.
- 19) The right to exercise one's own rights without reprisal, except that no right extends so far as to supersede health and safety considerations.
- 20) The right to file a grievance in accordance with program procedures.
- 21) 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.
- 22) The right to be informed of one's own condition; and,
- 23) The right to consult with an independent treatment specialist of legal counsel at one's own expense.

In addition to the rights listed above, this client rights and grievance policy will be given to each client at admission, with documentation kept in the client's records, (H)(1) and the policy will be posted at each program site in a place accessible to clients, unless the certified agency is not under the control of the provider (D)(1-3). All staff will receive a copy of the client rights and grievance policy and documentation of staff's agreement to abide by the policy and procedure will be kept in their personnel files (I). The Client Rights Officer is Brenda Byers, who has been designated to coordinate the efforts of Recovery Services of Northwest Ohio to comply with regulations.

Recovery Services of Northwest Ohio  
511 Perry Street  
Defiance, Ohio 43512  
419-782-9920  
8:30 am to 5:00 pm  
Monday through Friday

02/26 Revision

### CLIENT EXPECTATIONS

1. I am responsible for my behavior during treatment, and for its consequences.

2. I am responsible to participate in the treatment program I have arranged with my counselor.
3. I am responsible for keeping all appointments. If I must cancel, it is up to me to call the counselor ahead of time.
4. I am responsible to follow my treatment plan and to complete “homework” assignments.
5. I am responsible for rescheduling missed or canceled appointments.
6. I am responsible for being on time.
7. I am responsible for attending each session sober and free from the affects of alcohol and all other mind altering drugs. If I seem to be under the influence, I will be told to leave the premises and will have to negotiate further sessions with my counselor.
8. I am responsible to submit to drug / alcohol screen urinalysis upon request by clinical staff. I understand the drug and alcohol screening is a valid and necessary therapeutic service.
9. I am responsible for participation actively in each treatment session. My recovery will depend directly upon my own efforts.
10. I am responsible for treating staff and other clients with respect and courtesy at all times.
11. I am responsible for protecting the confidentiality and privacy as others, as I want them to protect mine.
12. I am responsible for paying for my treatment according to the plan worked out with my counselor. If I am unable to pay, or can pay only part of the cost, I am responsible for making arrangements with the program. I WILL NOT BE REFUSED SERVICE BECAUSE I CAN NOT PAY. However, I may be refused service if I am able to pay and refuse to do so. If I have agreed to pay and failed to do so, my discharge or reports to the court may be held until my bill is settled.
13. I am responsible for notifying my counselor or other program staff if I have a complaint or program-related problem. If I make my needs known, the program is responsible to consider my situation.
14. I am responsible for the care and safety of my children. PLEASE DO NOT LEAVE THEM UNATTENDED IN THE RECEPTION AREA. If possible, I will make arrangements to have someone watch my children until my business with Recovery Services has been completed.

## **RECOVERY SERVICES OF NORTHWEST OHIO**

**SATISFACTION SURVEY CONSENT**

I, \_\_\_\_\_ acknowledge that Recovery Services of Northwest Ohio may ask me to participate in a follow-up survey. I agree to provide requested information in contacted.

**CLIENT DECLARATION**

I, \_\_\_\_\_ hereby certify that I have read (or had read to me), understand and have received a personal copy of the CLIENT RIGHTS / CONFIDENTIALITY / HIPAA and CLIENT GRIEVANCE PROCEDURE. I also certify that I am in agreement with the CONSENT TO TREATMENT and CLIENT EXPECTATIONS.

\_\_\_\_\_  
Client Signature/Date

\_\_\_\_\_  
Signature of Parent/Legal Guardian/Date

\_\_\_\_\_  
Counselor Signature/Credential Date

\_\_\_\_\_  
Relationship to Client

Revised: 2/26

**RECOVERY SERVICES OF NORTHWEST OHIO, INC.**

**POLICY AND PROCEDURE MANUAL – BOARD GOVERNANCE**

**Title: CLIENT GRIEVANCE**

**Number: 710.00**

**Effective Date: 6/02**

**Authorized by: Board of Directors**

**Revision Date: 8/16, 7/17, 2/20,  
4/22, 6/22, 10/22, 9/25, 11/2025**

**POLICY:**

A copy of the Client Grievance Procedure is provided to each client upon admission. It is posted in a conspicuous location that is accessible to persons served, their family or significant others and the public. The client has the right /responsibly to express concern, displeasure or dissatisfaction with either the program or the staff of this agency without being penalized in any way for saying what she/he thinks. All client grievances must be in writing, however they may be prepared with the client stating their grievance verbally and an advocate for the client (counselor, case manager, Client's Rights Officer or other staff member) will transcribe the grievance if requested or needed. If the grievance is transcribed, then it should be signed by the client advocate that it is a true and accurate representation of the client's grievance. Alternatively, if written by the client, it should be signed by the client as a true and accurate representation.

Client Rights can be grieved. Other concerns relating to policy violations or concerns around care can be expressed, but may not meet the formal definition of a client grievance. While relevant issues regarding service provision and treatment that are not part of client rights, those issues will be investigated and reviewed from a QI level for improvement.

Persons other than the client have the right to file grievances on behalf of the client without the client being penalized in any way.

If a written grievance is filed on behalf of the client, the client shall be informed.

The client has the right to have a grievance responded to with courtesy, within a reasonable time, according to the grievance procedure.

RSNWO shall conduct a formal review of grievances at least annually that determines trends, areas needing performance improvement, and actions to be taken or changes made to improve performance.

## **DEFINITION OF A FORMAL GRIEVANCE**

The client believes there is a violation of law or regulation in regard to his/her treatment at RSNWO or by staff. Examples can include violations of civil rights, sexual harassment, use of unqualified staff, etc. The client believes that decisions made regarding his/her treatment or services violate the agency's own policies in an unfair or prejudicial manner.

## **PROCEDURES:**

Each client of RSNWO is provided with the Client Rights and Grievance Policy & Procedure detailing their rights as a client and the procedure for expressing violations of these rights. Clients possess the freedom to express concerns around client rights violations and can do so without it resulting in retaliation or barriers to services.

Reference attached Grievance Procedures.

## CLIENT GRIEVANCE PROCEDURE

Client I.D. Number

If a client has a grievance with either the program or the staff, they should follow this procedure:

1. Discuss the issue with the client's primary counselor, or supervisor who must meet with the client within five working days of the request.
2. If this discussion is not satisfactory to the client, they should file a written grievance with the Client Rights Officer. The Client will be provided a copy of the grievance at initial intake and upon request. The Client Right's Officer will assist the client in completing the grievance form, which includes date and client signature or signature of individual filing on their behalf, time, description, and names of individuals involved in the incident. This may include the client's rights officer preparing the written text from the client's verbal report. The signatures will represent that the written report is a true and accurate representation of the events/grievance.
3. The Client Rights Officer will collect information regarding the grievance in the Grievance Log.
  - 3a. The Client Rights Officer will provide a written acknowledgement within 3 working days to the grievant. The written acknowledgement 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.
4. The Client Rights Officer will investigate the situation and then meet with the client to attempt to resolve the grievance. This meeting shall take place no more than ten (10) working days from the date on which the written grievance is received. The program will make a resolution decision on all grievances within 20 business days of receipt of the grievance. In the case of extenuating circumstances, the 20 business day period can be extended with written approval of the CEO and documented in grievance file with written notification given to client. The griever will be informed of her/his rights to have a representative present at this and any other meeting(s). The griever may choose an agency staff member, a Drug Addiction and Mental Health Services Board member, or anyone else desired. Representation is not required.

If the grievance is resolved, a written statement and explanation shall be given to the client.

5. If the grievance is not resolved within the agency, the Client Rights Officer will assist the client in filing the grievance with the Client Rights Officer of the Mental Health and Addiction Services Board if the client wishes to pursue this avenue.

## **CLIENT GRIEVANCE PROCEDURE**

6. The client has the option to file a grievance with outside organizations that include, but are not limited to: Alcohol, Drug Addiction and Mental Health Services Board; Ohio Department of Behavioral Health; Ohio Legal Rights Services; U.S. Department of Health and Human Services; and Civil Rights Regional Office in Chicago, Illinois.
7. All information collected regarding a grievance shall be kept in the Grievance Log. The information shall be available upon request **with a signed release from the client**, to all agents listed in Addendum 1. Said information shall also be available upon request to the client.
8. In the event that the grievor is someone other than the client, the information referred to in No. 7, above, shall be available to the grievor **IF THERE IS A SIGNED RELEASE FROM THE CLIENT**.
9. This procedure shall be conspicuously posted.
10. The Client Rights Officer shall provide a copy of this grievance procedure to anyone upon request.
11. In the event that the Client Rights Officer is unavailable or is the subject of the grievance, an alternate will be assigned by the Chief Executive Officer (CEO) of the agency.
12. The agency shall provide that every staff person, including administrative, clerical, support and direct service staff, has clearly understood, specified and continuing responsibility immediately to advise any client or any other person who is articulating a concern, complaint, or grievance, about the name and availability of the agency's Client Rights Officer and the complainant's right to file a grievance.
13. The agency Client Rights Officer shall assure the keeping of the records (copies) of grievances received, the subject matter of the grievances, the resolution of the grievances, and copies of letters to clients reflecting resolution of the grievances for a minimum of two (2) years. The agency records shall be available for review by the Alcohol, Drug Addiction and Mental Health Services Board and the Ohio Department of Behavioral Health upon request.
14. The agency shall provide for the Alcohol, Drug Addiction and Mental Health Services Board and the Client Rights Officer's annual summary of the number of grievances received, type of grievances, and the resolution status of the grievance.

15. The agency shall provide for the Client Rights Officer to take all necessary steps to assure compliance with the grievance procedure.

Explanation of the Client Grievance Procedure is available upon request. For further explanation of the client rights or client grievance procedure, you may request the services of the Client Rights Officer. Assistance from the Clients Rights Officer may be requested either orally or in writing. Requests may be made through any member of the staff, or you may contact the Client Rights Officer directly. Write or call:

Brenda Byers, Client Rights Officer  
RSNWO  
514 ½ W 3rd Street  
Defiance, Ohio 43512

Telephone: (419) 782-9920  
M-F 8:30am-5:00pm

Office for Civil Rights  
Department of Health and  
Human Services  
233 N. Michigan Ave.  
Suite 240  
Chicago, IL 60601  
Telephone: (800) 368-1019  
TDD: (800) 537-7697

Clients Rights Office  
Ohio Department of Behavioral Health  
30 East Broad St., 8<sup>th</sup> Floor  
Columbus, OH 43215-3430  
Telephone: (614) 466-2596

U.S. Department of Health and Human Services  
200 Independence Avenue, S.W.  
Washington, D.C. 20201  
Telephone: (202) 619-0257 or  
(877) 696-6775

Disability Rights Ohio  
200 Civic Center Drive, Suite 300  
121 North Erie Street  
Columbus, OH 43215  
Telephone: (614) 466-7264  
1-800-282-9181

Four County ADAMhs Board  
T761 State Route 66  
Archbold, OH 43502  
Telephone: (419) 267-3355

Ohio Recovery Housing  
35 E Gay St #401, Columbus, OH 43215  
Telephone: [\(614\) 453-5133](tel:6144535133)

Signature of Client

Date

Witness

Date

Distribution: 1 Copy to Client; 1 copy to Client File

Rev. 11/2025

**CLIENT GRIEVANCE FORM**

Name: \_\_\_\_\_

Date: \_\_\_\_\_

Problem (Please explain)

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\_\_\_\_\_  
Client Signature

\_\_\_\_\_  
Date

If a staff, advocate or Client's Rights Officer prepares this with the client, they are signing to attest to the true and accurate representation of the written report.

\_\_\_\_\_  
Client Advocate

\_\_\_\_\_  
Date

Action: (CEO)

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\_\_\_\_\_  
CEO

\_\_\_\_\_  
Date

\_\_\_\_\_  
Client Signature

\_\_\_\_\_  
Date

## **SECTION 504 GRIEVANCE PROCEDURES**

(For Clients and Employees)

Section 504 of the Rehabilitation Act prohibits discrimination based on disability. In accordance with Section 504 Regulation, any program participant (patient, resident, etc.), participant representative, prospective participant or staff member who has reason to believe that they have been mistreated, denied services or discriminated against in any aspect of services or employment because of disability may file a grievance. In order to implement this policy, this agency has adopted an internal grievance procedure providing for prompt and equitable resolution of complaints alleging any action prohibited by the U.S. Department of Health and Human Services regulation (45 CFR Part 84) implementing Section 504 of the Rehabilitation Act of 1973 as amended (29 U.S.C. 794). Section 504 states, in part, that “no otherwise qualified individual with disability . . . shall, solely by reason of her or his disability, be excluded from the participation in, be denied the benefits of, or be subjected to discrimination under any program or activity receiving Federal financial assistance. . .” The law and regulations may be examined in the office of:

Brenda Byers, 504 Coordinator, RSNWO, 514 ½ W 3rd Street, Defiance, Ohio 43512  
Telephone: (419) 782-9920  
Monday – Friday 8:30 a.m. – 5:00 p.m.

who has been designated to coordinate the efforts of Recovery Services of Northwest Ohio to comply with the regulations.

1. A grievance must be submitted to the Section 504 Coordinator within 180 days of the date the person filing the grievance became aware of the alleged discriminatory action. This time frame may be waived by the Coordinator if extenuating circumstances existed which justifies an extension.
2. A grievance must be in writing, contain the name and address of the person filing it. The complaint must state the problem or action alleged to be discriminatory and the remedy or relief sought. A staff member, other person or Client’s Rights officer may assist with the writing of the grievance.
3. The Coordinator, or her/his designee, shall conduct such investigation of the complaint as may be appropriate to determine its validity. These rules contemplate through investigations, affording all interested persons and their representatives, if any, an opportunity to submit evidence relevant to the complaint. Under Section 504 of the Rehabilitation Act, 45 CFT 84.7(b), the agency need not process complaints from applicants for employment.
4. The Section 504 Coordinator will maintain the files and records of RSNWO relating to such grievances.

5. The Section 504 Coordinator shall issue a written decision determining the validity of the grievance no later than 10 days after its filing.
6. If the grievance has not been resolved at this point, the Section 504 Coordinator should forward it to Recovery Services of Northwest Ohio's Chief Executive Officer who shall have an additional 10 days to resolve the grievance.

The Recovery Services of Northwest Ohio's Chief Executive Officer shall notify the grievant in writing of the decision and list the evidence on which the decision is based.

7. If the complaint is still unresolved, the grievant may request, in writing (with that written notice prepared by a staff member or the Client's Rights officer if requested/needed), that the Chief Executive Officer submit the grievance to the Board of Directors. The Board shall have 30 days to resolve the grievance. If the grievance is then unresolved, the grievant will be advised in writing of the right to file a complaint with the appropriate local, state, and federal civil rights offices and will be provided with the names and addresses of such offices, including the Office for Civil Rights of the U.S. Department of Health and Human Services at 233 North Michigan Avenue, Suite 240, 16<sup>th</sup> Floor, Chicago, IL 60603.

Revision: 11/2025

If the client prefers, they can file an individual complaint against a clinician through the following boards, dependent on clinician/provider credentialing;

Ohio Credentialing Board of Chemical Dependency Professionals  
77 South High Street, 16<sup>th</sup> Floor  
Columbus, Ohio 43215  
Telephone: (614) 387-1110

Counselor and Social Worker and Marriage and Family Therapy Board  
77 S. High Street, 24<sup>th</sup> Floor, Room 2468  
Columbus, Ohio 43215-6171  
Telephone: (614) 466-0912

State Medical Board of Ohio  
30 East Broad Street, 3<sup>rd</sup> Floor  
Columbus, Ohio 43215  
Telephone: (614) 466-3934

Ohio Board of Nursing  
17 South High Street, Suite 400660  
Columbus, Ohio 43215-74103466  
Telephone: (614) 466-3947