

### Client Orientation Information

Greenleaf Family Center is committed to providing the best service possible. The information contained in this booklet will answer questions you may have regarding our programs, fees, and responsibilities.

### Communication Needs

Our agency can provide assistance to clients who are deaf or hard of hearing, such as amplification devices or ASL interpreters. If you are in need of an interpreter of another language, arrangements can be made for an interpreter to be present during visits.

### Appointment Cancellations

Appointments are made and held for you. If you are unable to keep an appointment, please try to notify us 24 hours in advance. You may be charged for a late cancellation/no show fee if you fail to do so.

### Behavior Support and Management

Greenleaf Family Center maintains a policy regarding Behavior Support and Management that endorses verbal de-escalation and non-violent crisis intervention as the only acceptable intervention: Greenleaf does not utilize restrictive interventions.



### Greenleaf Family Center

Established in 1912, Greenleaf Family Center is a non-profit social service agency which strengthens families in our community through Counseling, Education & Support. Greenleaf Family Center is nationally accredited by the Council on Accreditation for Families and Children (COA).

### Mission Statement

Greenleaf Family Center strengthens families through counseling, education, and support.

### Vision Statement

Guiding those we serve to reach their full potential!

### Agency Values

**Family:** The family, however defined, is the essential source of strength and support.

**Respect:** Every person is recognized as having inherent worth and is accorded the highest degree of respect at all times.

**Integrity:** All actions are undertaken in an ethical manner, faithful to our Mission.

**Interdependency:** All (clients, staff, Trustees, and volunteers) are mutually dependent in fulfillment of our Mission.

**Excellence:** Only our best effort is acceptable in the achievement of quality.

# CLIENT HANDBOOK

**Director of Behavioral Health:**

**Angela Richmond-Rossiter**

**Front Office Coordinator:**

**Erica Cooper**

580 Grant Street

Akron, Ohio 44311

Phone: 330-376-9494 or

1-800-277-9494

VP/TTY: 234-525-6176

Fax: 330-376-4525

Website: [www.greenleafctr.org](http://www.greenleafctr.org)

(client entrance on Cross Street)

Office Hours:

Monday - Thursday: 8:30 a.m. - 8:00 p.m.

Friday: 8:30 a.m. - 12:00 p.m.



## GREENLEAF FAMILY CENTER CLIENT GRIEVANCE POLICY AND PROCEDURES

As a contract agency of the County of Summit Alcohol, Drug Addiction and Mental Health Services Board through the Ohio Department of Mental Health and Addiction Services (Ohio MAHS), people who use or apply for or are treated through our services are protected through a set of rights and procedures through Ohio Administrative Code, 5122-26-18, effective March 1, 2012.

All staff persons of the agency are familiar with all specific client rights and the grievance procedure and can explain the client rights to a person who receives services from this agency. However, there is a specific person called the Client Advocate who oversees the grievance process. It is that person's responsibility to accept and oversee the process of any grievance filed by a client or other person or agency on behalf of a client. At Greenleaf Family Center, the Client Advocate is:

Ruth Llewellyn  
Greenleaf Family Center  
580 Grant Street  
Akron, OH 44311  
330-376-9494, ext. 251  
Hours of availability: 9am to 5pm, Mon-Thurs

When a person is new to the agency, they will have their client rights explained to him or her. Those rights will again be examined during the treatment plan yearly review. These rights are also posted in a conspicuous, public area of each building operated by the agency and anyone may obtain a copy of them upon request.

In the case of services that are of an informational, referral, consultation, educational and prevention nature, as described in Chapter 5122-29 of the Administrative Code, persons experiencing those services may have a copy and explanation of the client rights policy upon request.

In a crisis or emergency situation, the person using or applying for the services shall be verbally advised of at least the immediate pertinent rights, such as the right to consent to or to refuse the offered treatment and the consequences of that agreement or refusal. Full verbal explanation of the client rights policy may be delayed to a subsequent meeting.

The following definitions may help in understanding the grievance process. They are in addition to or supersede the **definitions** in rule 5122-24-01 of The Ohio Administrative Code.

**Client:** An individual applying for or receiving mental health services from a board or mental health agency.

**Client Advocate:** The individual designated by a mental health agency or board with responsibility for assuring compliance with the client rights and grievance procedure rule as implemented within each agency or board. For these purposes the individual holds the title of client advocate.

**Contract agency:** A public or private service provider with which a community mental health board enters into a contract for the delivery of mental health services. A board which is itself providing mental health services is subject to the same requirements and standards which are applicable to contract agencies, as specified in rule 5122:2-1-05 of the Administrative Code.

**Grievance:** A written complaint initiated either verbally or in writing by a client or by any other person or agency on behalf of a client regarding denial or abuse of any client's rights.

**Reasonable:** A standard for what is fair and appropriate under usual and ordinary circumstances.

**Services:** The complete array of professional interventions designed to help a person achieve improvements in mental health such as counseling, individual or group therapy, education, community psychiatric supportive treatment, assessment, diagnosis, treatment planning and goal setting, clinical review, psychopharmacology, discharge planning, professionally-led support, etc.

### **THE GRIEVANCE PROCEDURE**

The grievance procedure of Greenleaf Family Center applies to all people receiving services as described in the Client Rights Policy. At any point if the griever needs assistance with their grievance, that assistance will be available to them. All staff can assist a person with the filing of a grievance if necessary.

There are a specific set of rights afforded to each person who participates in or applies for services at any contract agency of the County of Summit Alcohol, Drug Addiction and Mental Health Services Board, through the Ohio Department of Mental Health and Addiction Services.

### **TO FILE A GRIEVANCE**

1. The griever contacts the client advocate or any other staff person to assist him or her in writing the grievance. Forms are available Greenleaf Family Center, 580 Grant Street, Akron, OH 44311.

The Client Advocate for Greenleaf Family Center is:  
Ruth Llewellyn  
580 Grant Street, Akron, OH 44311  
330-376-9494, ext. 251  
Hours of availability: 9am to 5pm, Mon-Thurs

Every effort will be made toward prompt accessibility of the client advocate.

2. The grievance procedure requires that the grievance be made in writing. (Client Grievance Form may be used.) The client has the right to file a grievance and access the Clients Advocate (CA) at any time upon request. Each client has the right to a timely response from the CA after the griever's filing (within 5 working days). Copies of the Grievance Procedure may be requested by any staff member at Greenleaf Family Center. In addition, the procedures and the form with which to file a grievance are available at the reception desk of all offices. The CA will assist by investigating the grievance, providing oral and written instruction on filing the grievance, and representing the griever if desired. The CA will keep on file records pertaining to all client grievances and their outcomes. These records will be available for review by the Summit County Alcohol, Drug Addiction & Mental Health Services Board, and by the Ohio Department of Mental Health and Addiction Services. The CA will try to resolve the issue at the lowest possible level. The client and the CA will talk to he problem over with the individual service provider and attempt a resolution. If indicated, this process should involve the supervisor of the program to which the grievance applies.

If the above attempts at resolution fail or if the CA is a part of the grievance, the client may contact Greenleaf Family Center's President/CEO, Dawn Glenny, who shall act as an impartial decision-maker in resolving the grievance. Ms. Glenny shall issue a decision in writing to the griever within five (5) working days of receipt of the grievance. Ms. Glenny may be contacted at the same address and phone number.

Dawn Glenny, CEO  
Greenleaf Family Center  
580 Grant Street, Akron, OH 44311  
(330) 376 – 9494, ext. 204

If the griever is still not satisfied, he may contact the Executive Committee of the Board of Trustees, by writing to:

President, Board of Trustees  
Greenleaf Family Center  
580 Grant Street, Akron, OH 44311

The concern will be addressed in the Executive Committee Meeting or, if necessary for satisfactory resolution, at the full Board level. A written decision shall be issued to the griever within five (5) working days of the receipt of the grievance. The decision of the Board is final except in the case of alleged discrimination. In that case, clients may appeal to the U. S. Department of Health and Human Services, Office of Civil Rights, within 180 days.

This entire procedure for addressing the grievance filed by the griever shall not exceed twenty (20) working days. The agency will maintain for two (2) years the records of written grievance, which includes (1) a copy of the grievance; (2) documentation of the grievance resolution, and (3) a copy of the letter to the grievant reflecting the resolution.

A client and his/her representative may at any time contact one of more the attached entities concerning a grievance. The names and contact information in regard to these outside entities will be available to a client upon request. A client can contact these entities at any time.

Any individual may file a complaint alleging a discriminatory act, policy or practice involving RCNO (race, color or national origin) in the foster care or adoption process of the agency. (JFS0233 – Discrimination Complaint Form is attached)

Greenleaf Family Center will submit an annual summary report to the Board including the number of grievances received, type of grievances, and resolution status of grievances.

When the grievance is complete, there will be a written explanation of the resolution, or to the griever if other than the client with the client's permission.

The grievance should be filed within a reasonable period of time from the date the grievance occurred.

It is also possible for the griever to initiate a complaint with any or all of several outside entities, specifically the County of Summit Alcohol, Drug Addiction and Mental Health Services Board, the Ohio Department of Mental Health and Addiction Services, Disability Rights Ohio, The U.S. Department of Health and Human Services and appropriate professional licensing or regulatory associations. A list of relevant addresses and telephone numbers are included with this document.

If the griever contacts one of the outside entities attached, all relevant information about the grievance shall be provided, upon request, to one or more of those organizations.

The grievance procedure is posted in the lobby at Greenleaf Family Center. A written copy of the grievance procedure is available to anyone upon request by contacting The Client Advocate.

When the client advocate is the subject of the grievance, please contact Dawn Glenny, President/CEO.

Each staff person, including administrative, clerical and support staff has a clearly understood, specified, continuing responsibility to immediately 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 advocate and the complainant's right to file a grievance.

The agency shall provide for the client advocate to take all necessary steps to assure compliance with the grievance procedure.

## RESOURCE LIST September 27, 2018

Client Rights Coordinator  
County of Summit Alcohol, Drug Addiction and Mental Health Services Board  
1867 W. Market St. Suite B2  
Akron, Ohio 44313-6914  
330-762-3500 or 330-564-4053  
FAX: 330-252-3024  
Ohio Relay: 1-800-750-0750  
dentona@admboard.org

Ohio Chemical Dependency Professionals Board  
Vern Riffe Center  
77 S. High St. 16<sup>th</sup> Floor  
Columbus, OH 43215  
614-387-1110  
FAX: 614-387-1109  
www.ocdp.ohio.gov

Disability Rights Ohio  
50 W. Broad St., Suite 1400  
Columbus, Ohio 43215-5923  
614-466-7264  
1-800-282-9181 (Ohio only)  
FAX: 614-644-1888  
TTY: 614-728-2553  
TTY: 1-800-858-3542  
www.ohlr.ohio.gov

Ohio Counselor, Social Work and Marriage and Family Therapist Board  
77 South Street, 24<sup>th</sup> Floor, room 2468  
Columbus, Ohio 43215-6171  
614-466-0912  
FAX: 614-728-7790  
www.cswmft.ohio.gov

Ohio Department of Mental Health & Addiction Services  
Client Advocacy Coordinator  
30 E. Broad St., 8<sup>th</sup> Floor  
Columbus, OH 43215-3430  
614-466-2596  
877-275-6364 (for consumers and families)  
FAX: 614-466-1571  
TTY: 614-752-9696  
www.mh.state.oh.us

Ohio Department of Jobs & Family Services  
Ombudsman  
30 E. Broad St., 32<sup>nd</sup> Floor  
Columbus, OH 43215  
614-466-2100  
1-877-852-0010  
www.jfs.oh.gov

Ohio Civil Rights Commission  
Akron Regional Office  
161 S. High St., Suite 205  
Akron, OH 44308-1602  
330-643-3100  
Toll Free: 1-888-278-7101  
330-643-1488 (TTY)  
www.crc.ohio.gov

### **Ohio Department of Health Division of Performance Improvement**

246 N. High St. 7<sup>th</sup> floor  
Columbus, Ohio 43215  
614-752-5112  
FAX: 614-644-8526  
TTY: 614-728-9169  
www.odh.ohio.gov

### **Ohio Governor's Council on People with Disabilities**

150 E. Campus View Blvd.  
Columbus, Ohio 43235-4604  
614-438-1200 (Voice/TTD)  
800-282-4536 Ext.1393  
FAX: 614-985-8967  
www.gcpd.ohio.gov

## Notice of Privacy Practices

The following describes how health information about you may be used and disclosed and how you can obtain access to this information. Please review carefully.

### **Our Duty to Safeguard Your Protected Health Information:**

Individually identifiable information about your past, present, or future health or condition, the provision of health care to you, or payment for health care is considered “Protected Health Information” (PHI). We are required to extend certain protections to your PHI, and to give you this Notice about our privacy practices that explains how, when and why we may use or disclose your PHI. Except in specified circumstances, we must use or disclose only minimum necessary PHI to accomplish the intended purpose of the use or disclosure. We are required to follow the privacy practices described in this Notice though we reserve the right to change our privacy practices and the terms of this Notice at any time. You may request a new notice from us at anytime.

### **We May Use and Disclose Your Protected Health Information:**

We use and disclose Personal Health Information for a variety of reasons. We have a limited right to use and/or disclose your PHI for purposes of treatment, payment and for our health care operations. For uses beyond that, we must have your written authorization unless the law permits or requires us to make the use or disclosure without your authorization. However, the law provides that we are permitted to make some uses/disclosures without your consent or authorization. The following describes and offers examples of our potential uses/disclosures of your PHI.

### **Uses and Disclosures Relating to Treatment, Payment, or Health Care Operations:**

Generally, we may use or disclose your PHI as follows:

**For Treatment:** We may disclose your PHI to doctors, nurses, and other health care personnel who are involved in providing your health care. For example, your PHI will be shared among members of your treatment team. Your PHI may also be shared with outside entities performing ancillary services relating to your treatment, such as for consultation purposes, or ADAMH/CMH Boards and/or community mental health agencies involved in the provision or coordination of your care.

**To obtain payment:** We may use/disclose your PHI in order to bill and collect payment for your health care services. For example, we may contact your employer to verify employment status, and/or release portions of your PHI to the Medicaid program, the ODMH central office, the local ADAMH/CMH Board through the Multi-Agency Community Information Services Information System (MACSIS), and/or a private insurer to get paid for services that we delivered to you. We may release information to the Office of the Attorney General for collection purposes.

**For health care operations:** We may use/disclose your PHI in the course of operating our Behavioral Health Program. For example, we may use your PHI in evaluating the quality of services provided, or disclose your PHI to our accountant for audit purposes. Since we are an integrated system, we may disclose your PHI to designated support staff in our facilities, for similar purposes. Release of your PHI to the Multi-Agency Community Services Information System and/or state agencies might also be necessary to determine your eligibility for publicly funded services.

**Appointment reminders:** Unless you provide us with alternative instructions, we may send appointment reminders and other similar materials to your home.

### **Uses and Disclosure of PHI Requiring Authorization:**

For uses and disclosures beyond treatment, payment and operations purposes we are required to have your written authorization, unless the use or disclosure falls within one of the exceptions described below. Authorizations can be revoked at any time to stop future uses/disclosures except to the extent that we have already under-taken an action in reliance upon you're authorization.

### **Uses and Disclosures of PHI from Mental Health Records Not Requiring Consent or Authorization:**

The law provides that we may use/disclose your PHI from mental health records without consent or authorization in the following circumstances:

**When required by law:** We may disclose PHI when a law requires that we report information about suspected abuse, neglect or domestic violence, or relating to suspected criminal activity, or in response to a court order. We must also disclose PHI to authorities that monitor compliance with these privacy requirements.

**For public health activities:** We may disclose PHI when we are required to collect information about disease or injury, or to report vital statistics to the public health authority.

**For health oversight activities:** We may disclose PHI to our central office, the protection and advocacy agency, or another agency responsible for monitoring the health care system for such purposes as reporting or investigation of unusual incidents, and monitoring of the Medicaid program.

**Relating to decedents:** We may disclose PHI related to a death to coroners, medical examiners or funeral directors, and to organ procurement organizations relating to organ, eye, or tissue donations or transplants.

**For research purposes:** In certain circumstances, and under supervision of a privacy board, we may disclose PHI to internal research staff and their designees in order to assist medical/psychiatric research.

**To avert threat to health or safety:** In order to avoid a serious threat to health or safety, we may disclose PHI as necessary to law enforcement or other persons who can reasonably prevent or lessen the threat of harm.

**For specific government functions:** We may disclose PHI of military personnel and veterans in certain situations, to correctional facilities in certain situations, to correctional facilities in certain situations, to government benefit programs relating to eligibility and enrollment, and for national security reasons, such as protection of the president.

### **Uses and Disclosures of PHI from Alcohol and Other Drug Records Not Requiring Consent or Authorization:**

The law provides that we may use/disclose your PHI from alcohol and other drug records without consent or authorization in the following circumstances:

**When required by law:** We may disclose PHI when a law requires that we report information about suspected child abuse and neglect, or when a crime has been committed on the program premises or against program personnel, or in response to a court order.

**Relating to decedents:** We may disclose PHI relating to an individual's death if state or federal law requires the information for collection of vital statistics or inquiry into cause of death.

**For research, audit or evaluation purposes:** In certain circumstances, we may disclose PHI for re-search, audit or evaluation purposes.

**To avert threat to health or safety:** In order to avoid a serious threat to health or safety, we may disclose PHI to law enforcement when a threat is made to commit a crime on the program premises or against program personnel.

### **Your Rights Regarding Your Protected Health Information:**

You have the following rights relating to your protected health information:

**To request restrictions on uses/disclosures:** You have the right to ask that we limit how we use or disclose your PHI. We will consider your request, but are not legally bound to agree to the restriction. To the extent that we do agree to any restrictions on our use/disclosure of your PHI, we will put the agreement in writing and abide by it except in emergency situations. We cannot agree to limit uses/disclosures that are required by law.

**To choose how we contact you:** You have the right to ask that we send you information at an alternative address or by an alternative means. We must agree to your request as long as it is reasonably easy for us to do.

**To request amendment of your PHI:** If you believe that there is a mistake or missing information in our record of your PHI, you may request, in writing, that we correct or add to the record. We will respond within 60 days of receiving your request. We may deny the request if we determine that the PHI is: (1) correct and complete; (2) not created by us and/or not part of our records, or; (3) not permitted to be disclosed. Any denial will state the reasons for denial and explain your rights to have the request and denial, along with any statement in response that you provide, appended to your PHI. If we approve the request for amendment, we will change the PHI and so inform you, and tell others that need to know about the change in the PHI.

**To find out what disclosures have been made:** You have a right to get a list of when, to whom, for what purpose, and what content of your PHI has been released other than instances of disclosure: for treatment, payment, and operations; to you, your family, or the facility directory; or pursuant to your written authorization. The list also will not include any disclosures made for national security purposes, to law enforcement officials or correctional facilities, or disclosures made before April 2003. We will respond to your written request for such a list within 60 days of receiving it. Your request can relate to disclosures going as far back as six years. There will be no charge for up to one such list each year. There may be a charge for more frequent requests.

**To inspect and request a copy of your PHI:** Unless your access to your records is restricted for clear and documented reasons, you have a right to see your protected health information upon your written request. We will respond to your request within 30 days. If we deny your access, we will give you written reasons for the denial and explain any right to have the denial reviewed. If you want copies of your PHI, a charge for copying may be imposed, depending on your circumstances. You have a right to choose what portions of your information you want copied and to have prior information on the cost of copying.

If you have questions or concerns regarding this information, please ask to speak with the HIPAA privacy officer of Greenleaf Family Center.

**You Have the Right to Receive this Notice**  
You have a right to receive a paper copy of this notice.

### **How to File a Complaint regarding our Privacy Practices:**

If you think we may have violated your privacy rights, or you disagree with a decision we made about access to your PHI, you may file a complaint with Greenleaf Family Center HIPAA Privacy Officer, or the Client Rights Officer of Greenleaf Family Center. You also may file a written complaint with the Secretary of the U.S. Department of Health and Human Services at 200 Independence Avenue SW, Washington D.C., 20201 or call 1-877-696-6775. We will take no retaliatory action against you if you make such complaints.

**Program Fees**

**The fees below are listed at full fee and based on Federal Medicaid guidelines. If you think you may qualify for a reduced fee (sliding scale), please ask the front desk for more information.**

Mental Health Assessment:.....\$150.00/hr

Individual/Family/Couples Counseling...\$120.00/hr

Group (Anger Management/Parenting):.....\$40.00/hr

Case Management:.....\$80.00/hr

Drug and Alcohol Assessment:.....\$150.00/hr

Individual:.....\$120.00/hr

Alcohol and Drug Group (AOD):.....\$40.00/hr

IOP group (Intensive Outpatient):.....\$160.00/day

Case Management:.....\$80.00/hr

Assessments for DOT (no sliding scale):.....\$450.00

**Payment Plans**

Clients may use the following sources for payment of services:

- Medicaid:** If you are covered by Medicaid, your services may be covered completely. Please provide your Medicaid card at the time of your assessment.
- Private Health Insurance:** If you have private health insurance, it may cover some or all of the costs of your services. Your insurance may require co-payments to be paid or deductibles to be met prior to coverage of services. Clients are encouraged to consult their insurance company to understand information regarding services or co-payments/deductibles. Please provide your insurance card at the time of the assessment.
- EAP:** Certain employers have contracted with Greenleaf Family Center to provide their employees with EAP services. A specific number of sessions are provided for you or your family at no charge. The number of sessions that you are eligible for depends on the contract terms. Please contact your HR Department regarding questions or referrals for EAP services. If additional sessions are needed beyond the contracted number, private insurance or sliding scale will then be used to cover continuing services.

•**Self Payment:** A Sliding Fee Scale is available based on family size and gross monthly income for those with no insurance. Proof of income such as 2 most recent pay stubs, most recent tax return, or SSI statement will be used to determine qualification. We also have income verification forms available at the front desk.

**You must notify the front desk of any change in family size, income or health coverage within 7 days of change.**

**Payment is expected at time of service. Services may be suspended or discontinued due to non-payment. Accounts over 90 days past due may be sent to collections. If you have difficulty making payments, please see the front desk staff to discuss available options.**

**GREENLEAF FAMILY CENTER  
CLIENT RIGHTS**

Each client has all of the following twenty-five rights as listed in paragraphs (D)(1)to (D)(15) of this rule.

1. All who access mental health services are **informed of these rights**.
  - A. The right to be informed of the rights described in this rule prior to consent to proceed with services, and the right to request a written copy of these rights.
  - B. The right to receive information in language and terms appropriate for the person’s understanding.
  - C. The right to be fully informed of the cost of services.
2. Services are appropriate and respectful of **personal liberty**.
  - A. The right to be treated with consideration, respect for personal dignity, autonomy and privacy and within the parameters of relevant sections of the Ohio Revised Code and the Ohio Administrative Code.
  - B. The right to receive humane services
  - C. The right to participate in any appropriate and available service that is consistent with an individual service/treatment 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.
  - D. The right to reasonable assistance, in the least restrictive setting; and
  - E. The right to reasonable protection from physical, sexual and emotional abuse, inhumane treatment, assault, or battery by any other person.
3. Development of **service plans**:
  - A. The right to a current ISP that addresses the needs and responsibilities of an individual that specifies the provision of appropriate and adequate services, as available, either directly or by referral; and
  - B. The right to participate in the development, review, and revisions of one’s own individualized treatment plan and receive a copy of it.
  - C. The right to actively participate in periodic ISP reviews with the staff including services necessary upon discharge.
4. **Declining or consenting to services**:
  - A. The right to give full informed consent to any service including medication prior to commencement and the right to decline services including medication absent an emergency.
  - B. The right to be advised of and refuse observation by others and by techniques such as one-way vision mirrors, tape recorders, televisions, movies or photographs, or other audio and visual technology. This right does not prohibit an agency from using close-circuit monitoring to observe seclusion rooms or common areas, which does not include bathrooms; and
  - C. The right to decline any hazardous procedures.
5. **Restraint or Seclusion:**  
The right to be free from restraint or seclusion unless there is imminent risk of physical harm to self or others.

**CLIENT RIGHTS—CONTINUED...**

6. The right to reasonable **privacy and freedom** from excessive intrusion by visitors, guests and non-agency surveyors, contractors, construction crews or others.
7. **Confidentiality:**
  - A. The right to confidentiality unless a release or exchange of information is authorized and the right to request to restrict treatment information being shared.
  - B. The right to be informed of the circumstances under which an agency is authorized or intends to release, or has released, confidential information without written consent for the purposes of continuity of care as permitted by division (A)(7) of section 5122.31 of the Ohio Revised Code.
  - C. The right to confidentiality of communication and personal identifying information within the limitations and requirements for disclosure of client information under state and federal laws and regulations.
8. **Grievances**  
The right to have the grievance procedure explained orally and in writing, the right to file a grievance, with assistance if requested; and the right to have a grievance reviewed through as grievance process, including the right to appeal a decision. The Grievance procedures and forms are available from any staff member upon request.
9. **Non-discrimination**  
The right to receive services and participate in activities free of discrimination on the basis of religion, race, ethnicity, age, color, gender, gender identity, 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.
10. **No reprisal** for exercising rights:  
The right to exercise rights without reprisal in any form including the ability to continue services with uncompromised access. No right extends so far as to supersede health and safety considerations.
11. **Outside Opinions:**  
The right to have the opportunity to consult with independent specialists or legal counsel at one’s own expense.
12. **No conflicts of interest:**  
No agency employee may be a person’s guardian or representative if the person is currently receiving services from said facility.
13. **Access to records:**  
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 treatment plan. If access is restricted, the treatment plan shall also include a goal to remove the restriction.
14. **Discontinuation of Service**  
The right to be informed in advance of the reason(s) for discontinuance of service provision, and to be involved in planning for the consequences of that event.
15. **Denial of Service**  
The right to receive an explanation of the reasons for denial of service.