

MetroHealth Recovery Services at MetroHealth Medical Center

PATIENT GRIEVANCE PROCEDURE

To ensure that all patients are fully aware of the Patient Grievance Procedure for reporting patient rights violations while receiving treatment at MetroHealth Recovery Services, all patients will be provided a copy of the procedure as part of their admission packet distributed on the first day. In addition, the Patient Grievance Procedure is posted in the patient waiting area, group treatment rooms and community mental health information board.

1. In the event that you feel that you have been mistreated by any of the MetroHealth Recovery Services treatment staff, you may express your concerns to the client's rights officer(s). If the client's rights officer is unavailable, then you can submit the grievance to the program Clinical Director.
2. For grievances, you will be contacted within three working days of receiving the grievance (by telephone or letter if you have no phone) with the date the grievance was received, a summary of the grievance, an overview of the investigation process, a timetable for completing the investigation and notification of the resolution and the treatment provider contact name, address and telephone number. Within 20 days of receiving the grievance you will be contacted regarding a resolution. If there is an exception that takes longer than 20 days will be documented in the grievance folder and written communication will be given to you or your representative.
3. The grievance must include the date and time of the incident, a description of the incident and the names of the individuals involved in the incident. If you would like assistance in completing a grievance, the client's rights officer will offer assistance.
4. You may also express your dissatisfactions with outside organizations that include, but are not limited to:

<p>Ohio Legal Rights Services 50 W Broad St, Suite 1400 Columbus, Ohio 43215 1-800-282-9181 or 1-614-466-7264 http://www.icdri.org/legal/ohiopadd.htm</p> <p>U.S. Department of Health and Human Services Office for Civil Rights, 200 Independence Avenue, S.W. Washington, D.C. 20201 1-800-368-1019 http://www.hhs.gov/ocr/</p> <p>ADAMHS Board of Cuyahoga County 2012 West 25th Street 6th Floor Cleveland Ohio 44113 1- 216 -241-3400 http://www.adamhsc.org/</p>	<p>Ohio MHAS 30 East Board Street, 8th Floor Columbus, Ohio 43215-2537 1-614-466-3445 or 1-817-275-6364 http://mha.ohio.gov/default.aspx?tabid=466</p> <p>MetroHealth Medical Center Department of Psychiatry Client's Rights Officer 2500 MetroHealth Drive Cleveland Ohio 44109 216-778-3011</p> <p>Recovery Resources Client Rights Officer: 4269 Pearl Road Cleveland, OH 44109 216-431-4131 exts 1172 or 2543</p>
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5. A copy of your grievance will be maintained on file with the client's rights officer for a minimum of two years.
6. Should you have any questions regarding the patient grievance procedure, please discuss these questions with a staff member or the client's rights officer(s) at MetroHealth or Recovery Resources