GRIEVANCE PROCEDURE

Dear Client,

Your input is valuable. Do you have suggestions for how we can improve our delivery of care? Drop us a note. We would appreciate hearing from you. Please write your comments and use the drop box provided in our waiting area.

Do you have a concern? We encourage you to discuss it first with your therapist, team leader, clinical supervisor, or our quality assurance coordinator.

For grievances. If the issue is a potential violation of your client's rights and expressing your concern did not correct the problem, you may file a grievance. Front desk personnel will help you contact the Client's Rights and Grievance Officer to arrange a meeting, or, if you prefer, you may contact the Client's Rights Officer directly. Here is the contact information.

Deborah Prather, Client Rights Offier, HRO, - Primary Client Rights Officer

Randall Colucci, DO, Medical Director – Client Rights Officer II

Telephone No. 614-698-6008 of the Primary Client Rights Officer or email: dprather@medsaveclinics.com to request a reply within reasonable time.

246 E. Campus View Blvd., Columbus, OH 43235

A copy of the grievance form is available in our waiting room.

If any of your protected rights are violated, you have the right to file a grievance

1. **You have the right to be represented** by someone in the grievance process. If you want a representative, please complete an *Authorization for the Exchange of Information*, including Protected Health Information. This authorization permits MedSave Clinic to discuss relevant issues with your representative.
2. **All grievances must be in writing, dated, and signed by you.** The Client Rights Officer or your representative may help you complete the grievance form. If so, the Client Rights Officer or your representative **will attest that the written grievance is a true and accurate representation of your grievance.**
3. **What should be included in your written grievance?** The written grievance must include the date, approximate time, description of the incident, and names of the individuals involved in the incident or situation that is the subject of the grievance. The complaint should also identify any witnesses. You are encouraged but are not required to use the MedSave grievance form.
4. **Within three (3) working days of receiving the grievance, the Client Rights Officer shall provide you with a written acknowledgment that includes the following:**
    - Date the grievance was received
    - Summary of the grievance
    - Overview of the grievance investigation process
    - Timetable for completing the investigation and notification of the resolution
    - MedSave Client Rights Officer's name, telephone number, and e-mail.

5. **Decision.** MedSave will decide on the grievance within twenty (20) business days of receipt of the grievance. The Client Rights Officer will provide a written and oral explanation of the resolution.

   Any extenuating circumstances indicating that the 20 days will need to be extended will be documented, and the Client Rights Officer will provide you with a written notification and maintain a copy in your grievance file.

6. **If you exercise the right to file a grievance**, there will be no retaliation or barriers to services as long as you comply with program rules and regulations.
7. **If you are still not satisfied after following these steps**, you may appeal directly to the CEO or the designated person of the CEO within five (5) working days of receiving the decision from the Client Rights Officer. The CEO or appointed person will meet with you to discuss the grievance. You will receive the final determination in writing within four (4) working days of meeting with the CEO or the designee.
8. MedSave maintains your record of grievances for two (2) years from resolution. These records include a copy of the grievance, the protocol followed, any extenuating circumstances that extended the resolution beyond 20 days, documentation of the original grievance resolution and any appeal decisions, and copies of all letters.

You have the option to initiate a grievance with outside organizations, which include but are not limited to the following:

Ohio Department of Behavioral Health
Client Advocacy Coordinator
30 East Board Street, 8th Floor, Columbus, Ohio 43266-0414
(614) 466-2596

Disability Rights Ohio
200 S Civic Center Drive, Suite 300, Columbus, OH 43215
(614) 466-7264

U.S. Department of Health and Human Services
Office for Civil Rights - Region V
233 North Michigan Avenue, Suite 240, Chicago, Illinois 60601
(800) 368-1019 Voice (312) 886-2359 Fax (312) 886-1807
TDD 312 353 5693

Client Assistance Program
Governor's Office of Advocacy for People with Disabilities
Disability Rights Ohio
35 East Chestnut Street, 5th Floor, Columbus, Ohio 43215-0400
(800) 282-9181 (614) 466-7264

FRANKLIN COUNTY RESIDENCE:
ADAMH Board - 447 East Broad Street, Columbus, Ohio 43215
(614) 224-1057