



# CLIENT HANDBOOK

## GuidingPoint LLC Client Handbook

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## **Introduction**

GuidingPoint LLC is committed to providing each client with services that meet their needs and services that reflect quality and performance. The primary purpose of this handbook is to guarantee that clear communication is provided to assure that each individual understands GuidingPoint services/programs, and their rights. Every effort will be made to address your needs. If your needs are not met, please contact us and share your concerns. Should you have any questions regarding the content of this handbook or questions regarding your services please contact us at 216-273-7233 or email us at [CustomerService@guidingpoint.org](mailto:CustomerService@guidingpoint.org).

### **Mission**

To guide individuals and families in our community with behavioral health disorders to reach a higher point in life through education, intervention, advocacy, and linkage to fundamental resources.

### **Vision**

To be a leading behavioral health agency which provides restorative services that fosters growth, healing, recovery and stability within the individuals we serve. By providing holistic care that is accessible to the community, benefiting the client and collaborating with our partners in Cuyahoga County.

### **Counseling Philosophy/Goals**

GuidingPoint serves youth and adults facing challenges as a person living with mental illness, therefore all clients must meet criteria for a behavioral health disorder (per the DSM 5) and need assistance addressing impairment in social functioning, emotional functioning, cognitive functioning, school/occupational functioning, family relations, selfcare and or Alcohol and Drug addictions.

## **Services We Provided**

### **Services Provided (SUD and Mental Health)**

General Services which includes: Screening, Intake, Orientation, Assessment, Treatment Planning, Counseling, Case Management, Crisis Intervention, Client Education, Referral, Report and Record Keeping, Consultation. Our programming encompasses Youth Day treatment, Individual Counseling for Mental Health and Substance Use Disorder (SUD), Crisis Intervention, SUD Case Management, and SUD Group Counseling. These services are all provided during regular business hours, from 9am-5pm Monday through Friday. Additional times are provided for Group counseling on three evenings: Monday, Tuesday and Thursday from 4:30pm – 7:35 pm.

### **SUD and Mental Health Assessment**

GuidingPoint’s clinicians will provide an SUD or Mental Health assessment prior to providing services, or when significant changes occur. An assessment will include: information gathering to assess the individual’s needs, determining appropriate service/treatment based on identification of presenting problem(s), evaluation of mental statuses, formulation of diagnostic impression. Assessment outcome will include: need for care, recommendation for services/treatment, and/or need for further assessment. All information will be shared with clients. GuidingPoint will have an assessment that includes: Psycho-social history and assessment, Presenting problem, Diagnostic impression and treatment recommendations. Other areas in the assessment are determined by GuidingPoint, and listed in the Ohio Administrative Code.

### **Behavioral Health Counseling and Therapy (Individual/Group Counseling)**

GuidingPoint will provide counseling for individuals by focusing on the treatment of their Substance Use Disorder and or Mental Illness/Emotional Disturbance. Evidence based counseling/therapy is offered to adults, adolescent, and children. Our team of licensed and experienced clinicians meet with individuals to learn about their needs and set goals towards improving and/or alleviating mental health symptoms. Clinicians are trained to assess what model of therapy will be most effective and will create an individualized plan. Therapy may take place in individual sessions, group sessions, or through interaction with the entire family or support system. Services are offered individually and in groups, services are rendered in home, community, and/or school-based per client need and/or request.

### **Psychoeducation Support Services/Case Management**

Includes Therapeutic Behavioral Services/Psychosocial rehabilitation, and Community Psychiatric Support. A Qualified Behavioral Health Specialists works with clients to improve their personal and social functioning, as well as assisting clients in accessing community resources. Through advocacy and support we equip our clients with the skills and resources to live a more productive and independent life. Our Case Managers collaborate with Therapist as well as the client to develop a comprehensive treatment plan that supports each client’s personal goals and needs in a wide range of areas. Services are offered individually and in groups, services are rendered in home, in community, or school-based per client need and/or request.

## **Youth Day Treatment Services**

The program serves children ages 16 and under with a mental health diagnosis who are currently having difficulty maintaining successful behavior in a regular school setting, being disruptive in the community, and/or experiencing difficulty functioning within the family. The program provides a level of care that enables stabilization of the child's emotional and behavioral disturbance with a therapeutically supported diversion from inpatient care. The structure of the program provides various group therapy and psycho-educational interventions at a minimum of two hours each day of group treatment, as well as regular individual sessions and family sessions.

## **Referral and Other Resources**

(Additional services may be recommended to effectively address client needs): A GuidingPoint clinician or qualified behavioral health specialist will assist clients in successful linkage to outside agencies as needed) see below for commonly utilized agencies;

## **Access to Services After Hours, Emergencies, and Crisis**

GuidingPoint's locations and normal hours of operation are as follows;  
4614 Prospect Ave, Suite 300  
Cleveland, Ohio 44103  
Telephone: 216-273-7233

Days and Hours of Operation: Monday-Friday 9:00 am to 5: 00 pm (8:00 am for school based services).

To access after-hour mental health emergency services, call the 24/7 crisis hotline (216) 623-6888, call 911 or go to the nearest Emergency Department.

## **Client Choice and Informed Decision Making**

As a Client you retain the right of choosing your service provider, being provided sufficient information to make decisions, and the right of providing written informed consent regarding all services provided to you. GuidingPoint is required to inform you of your right of choice and provide the names of providers that can address your service needs. After receiving this information, you may select from the provider options.

As a Client and/or parent/legal guardian, we are required to inform, discuss with you, and involve you in the decision making process. We will provide you with sufficient information to understand the services and programs of GuidingPoint. Generally, we will not provide services until you have signed and dated a consent form to receive these services. At any time you may ask questions and expect information to address your questions.

## **Primary Care Coordination**

GuidingPoint's goal is to ensure that each Client's behavioral healthcare needs are met as well as any medical needs. GuidingPoint believes that both medical and behavioral health care is essential for the success of treatment. GuidingPoint will ask you to sign a release form that will allow GuidingPoint to communicate any important medical information to your primary care physician in order to facilitate

treatment, if you do not have a primary care physician, please make your case manager aware so that we may assist in linking you with a primary care provider of your choice.

### **Termination of Services**

You have the right to discontinue any, or all of your services at any time. You may discontinue one service but continue with another. GuidingPoint will work with you to ensure that your on-going needs for care are met either by referrals to other agencies or community resources.

You can also be readmitted to services based on the availability of agency resources and determination of “greatest in need” for services. That is, the agency will prioritize “greatest in need” based on the following criteria: the individual’s history with the agency, hospitalizations, psychiatric emergencies, homelessness, arrest or unemployment due to symptoms of mental illness.

### **Involuntary Termination of Services**

The agency may initiate closure to any or all services based on the following conditions:

- Client progresses to the point where services are no longer indicated and/or justifiable
- Client is absent without explanation from services or have missed several appointments
- Client is disruptive to the employee(s) providing services to the point of disruption in treatment
- Client demonstrates on-going non-compliance with treatment and/or lack of willingness to follow treatment recommendations.

Prior to the closure process staff will engage you in a problem-solving discussion to address any issues that may be leading to terminating a service(s). You will be notified in writing of any termination of service(s). You may be readmitted to services based on the availability of agency resources and determination of “greatest in need” for services as defined above.

### **Client’s Rights Statement**

The Client’s rights and responsibilities will be explained and distributed to the client prior to the initiation of agency services and annually. Each client of GuidingPoint LLC shall be treated with respect to the basic human rights of dignity, privacy, and humane care.

#### **An individual shall at all times retain the right to:**

- The right to be treated with consideration and respect for personal dignity, autonomy and privacy;
- The right to reasonable protection from physical, sexual or emotional abuse, neglect, and inhumane treatment.
- The right to receive services in the least restrictive, feasible environment;
- 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;
- The right to give informed consent to or to refuse any service, treatment or therapy, including medication absent an emergency;
- The right to participate in the development, review and revision of one's own individualized treatment plan and receive a copy of it;
- 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;
- The right to be informed and the right to refuse any unusual or hazardous treatment procedures;

- 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;
- 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;
- 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;
- 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;
- The right to be informed of the reason for denial of a service;
- 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;
- The right to know the cost of services;
- The right to be verbally informed of all client rights, and to receive a written copy upon request;
- The right to exercise one's own rights without reprisal, except that no right extends so far as to supersede health and safety considerations;
- The right to file a grievance;
- The right to have oral and written instructions concerning the procedure for filing a grievance, and to assistance in filing a grievance if requested;
- The right to be informed of one's own condition; and,
- The right to consult with an independent treatment specialist or legal counsel at one's own expense.

For further clarification of rights, the client is encouraged to ask his/her clinician. Any person who believes that his/her rights may have been violated can file a grievance with GuidingPoint's Clients Rights Officer. Any employee of GuidingPoint will assist you in doing this. For further assistance if you believe your rights have been violated, you may contact the agencies listed below.

### **If you have a concern about your rights, you may call**

#### **Disability Rights Ohio**

200 S Civic Center Dr. Suite 300  
Columbus, Ohio 43215-5923  
Phone: 614-466-7264 or 1-800-282-9181 (toll-free in Ohio only)

#### **U.S. Department of Health and Human Services/Civil Rights Office**

233 Michigan Ave., Suite 240  
Chicago, IL 60601  
Phone (800) 368-1019/ TDD (800) 537-769

## **Ohio Mental Health & Addiction Service (OhioMHAS)**

30 East Broad Street, Suite 742

Columbus, Ohio 43215-3430

Phone: (614) 466-2596

## **Client Rights Officer or Consumer Relations Specialist Alcohol, Drug Addiction and Mental Health Services Board of Cuyahoga County**

2012 W. 25th St., 6th Floor

Cleveland, Ohio 44113

(216) 241-3400

### **Client responsibilities to meet the following guidelines for successful completion of treatment:**

The following are the responsibilities of individuals receiving services at GuidingPoint. Failure to honor these responsibilities may result in termination of your treatment.

1. Attend scheduled sessions. When you cannot attend, call to cancel at least 24 hours in advance. Take responsibility for rescheduling missed appointments.
2. Be open with your treatment providers. Give honest feedback about your treatment. Feel free to bring up any questions or concerns with your treatment.
3. You are encouraged to discuss with your assigned counselor sexual and/or physical abuse, with expectation of a referral to the most appropriate service provider for assistance.
4. Please dress appropriately whenever attending treatment sessions at GuidingPoint.
5. Work on your goals and complete assigned tasks between sessions.
6. Report any medication you are taking from other sources, as well as any changes in your medical state.
7. In the event that you receive medical treatment, in a hospital or doctor's office, it is important that you alert the other care providers if you take psychiatric medication. It would be helpful if you sign a release of information for your other physicians so that our staff can discuss any concerns with them.
8. Respect the confidentiality and privacy of others. Do not talk about who you see in the waiting room or groups.
9. Report changes in your insurance status as soon as they occur.
10. Let your provider know if your address or telephone number has changed.

### **Client Access to Records**

It is the policy of GuidingPoint to allow each client access to his/her own treatment records, unless access of particular identified items of information is specifically restricted for that individual client as spelled out below. When a current or past client requests to review the medical record, he/she will be asked to complete a form which will be turned in to the Client Right's Officer. The Agency will respond to requests for records within 10 days of the written request. Clients who request copies of records may be assessed a fee to cover the costs of copying.



**A client may have access to their agency records unless the following situation(s) applies:**

1. Information prepared in reasonable anticipation of an administrative or legal hearing.
  2. Psychotherapy notes.
  3. Clinical Records maintained about an inmate in, or on behalf of, a correctional institution if sharing would jeopardize the health and safety of the inmate or others
  4. Records obtained from someone else other than the healthcare provider under the promise of confidentiality, if access would reveal the source of information.
  5. Information that is reasonable likely to endanger the life or safety of the individual or another person in the professional judgment of a licensed health care professional.
  6. Restricted information includes all records from other agencies, hospitals, doctors, mental health and addictions professionals, Human Service Departments, etc. that have not had appropriate releases of information signed relative to that information.
  7. Clients have access to records unless access to particular identified information is specifically restricted for clear treatment reasons and documented in a client’s treatment plan.
- GuidingPoint is always interested in your thoughts about how we can continue to improve our services.
8. Throughout the course of your treatment or after you have completed treatment at GuidingPoint you may be asked to complete an Outcome Survey and Satisfaction Survey to further assist us in being the best we can be. At any time, you can also provide input directly to any GuidingPoint staff member, who will communicate your thoughts and suggestions to the appropriate people. Results of all surveys are shared with stakeholders in the Annual Quality Improvement Summary and available to clients upon request at any time.
  9. In order to protect the privacy and confidentiality of all individuals served at GuidingPoint, video and audio recording during the provision of services is strictly prohibited. Violations may result in termination of services with a referral to another provider.

**Anti-Discrimination Policy**

**Prohibition of Unlawful Discrimination**

In accordance with applicable law, GuidingPoint prohibits discrimination because of gender, race color, national origin, gender identity, sexual orientation, ancestry, religion, creed, physical or mental disability, age, genetic information or any other basis protected by federal, state or local law. All such discrimination is unlawful and will not be tolerated. GuidingPoint is committed to taking all reasonable steps to prevent discrimination from occurring.

**Discrimination Defined**

Federal and state law defines discrimination as being treated differently because of membership in a protected category, as listed above.

**GuidingPoint Reporting Procedure**

Our reporting procedure provides for an immediate, thorough and objective investigation of any discrimination claim. Following the investigation, any employee who is found to have engaged in prohibited discrimination or other conduct that violates company policy, will be subject to appropriate disciplinary action, up to and including termination of employment, Appropriate actions will also be taken to deter any future discrimination.

If any client or employee believes he/she has been discriminated against, or is aware of discrimination against others, should provide a written report to a supervisor or to the Clinical Director, as soon as possible. The report should include the following:

- 1.Name, address and phone number of the complainant;
- 2.The basis of the alleged discrimination: race, color religion, national origin, sex, age, disability, marital status, sexual preference, creed, ancestry, medical condition (cancer), Acquired Immune Deficiency Syndrome (AIDS), Acquired or perceived, or retaliation for having filed a discrimination complaint;
3. The discriminatory practice(s), procedure(s), or incident(s) which has occurred.
4. The names of any persons thought to be responsible for the discrimination.
5. The name, address and telephone number of the complainant's representative, if applicable.
6. A statement of what remedy the complainant is seeking as a result of the complaint.

All incidents of discrimination that are reported will be investigated.

## **HIPAA Policy**

This guideline provides guidance about key elements of the requirements of the Health Insurance Portability and Accountability Act care (HIPAA), federal legislation passed in 1996 which requires providers of health care (including mental health care) to ensure the privacy of patient records and health information. HIPAA required the federal Department of Health and Human Services (HHS) to develop regulations to implement these privacy requirements, called the Privacy Rule, which became effective on April 14, 2003. State statutes which provide more stringent protections of health care privacy remain in effect even after HIPAA.

### **General:**

The HIPAA Privacy Rule (45 CFR Parts 160 and 164) provides the first comprehensive Federal protection for the privacy of health and mental health information. The Rule is intended to provide strong legal protections to ensure the privacy of individual health information, without interfering with patient access to treatment, health care operations, or quality of care.

The Privacy Rule applies to “covered entities” which generally includes health plans and health care providers who transmit health information in electronic form. Covered entities include almost all health and mental health care providers, whether they are outpatient, residential or inpatient providers, as well as other persons or organizations that bill or are paid for health care.

### **Basic Principles of the Privacy Rule:**

The Privacy Rule protects all “protected health information” (PHI), including individually identifiable health or mental health information held or transmitted by a covered entity in any format, including electronic, paper or oral statements.

A major purpose of the Privacy Rule is to define and limit the circumstances under which an individual's PHI may be used or disclosed by covered entities. Generally, a covered entity may not use or disclose PHI to others, except:

- a) as the Privacy Rule permits or requires; or

b) as authorized by the person (or personal representative) who is the subject of the health information. A HIPAA-compliant Authorization must contain specific information required by the Privacy Rules

c) A covered entity must provide individuals (or their personal representatives) with access to their own PHI (unless there are permitted grounds for denial) and must provide an accounting of the disclosures of their PHI to others, upon their request.

d) The Privacy Rule supersedes State law, but State laws which provide greater privacy protections or which give individuals greater access to their own PHI remain in effect.

**Permitted Uses or Disclosures of PHI Without Authorization:**

Extensive provisions of the Privacy Rule describe circumstances under which covered entities are permitted to use or disclose PHI, without the authorization of the individual who is the subject of the protected information. These purposes include, but are not limited to, the following:

1. A covered entity may disclose PHI to the individual who is the subject of the information.
2. A covered entity may use and disclose protected health information for its own “treatment, payment, and health care operations.”
  - a. Treatment is the provision, coordination, or management of health care and related services for an individual, including consultation between providers and referral of an individual to another provider for health care.
  - b. Payment includes activities of a health care provider to obtain payment or to receive reimbursement for the provision of health care to an individual.
  - c. Health care operations include functions such as: (a) quality assessment and improvement; (b) competency assessment, including performance evaluation, credentialing, and accreditation; (c) medical reviews, audit, or legal services; (d) specified insurance functions; and (e) business planning, management, and general administration.
3. Permission may be obtained from the individual who is the subject of the information or by circumstances that clearly indicate an individual with capacity has the opportunity to object to the disclosure but does not express an objection. Providers may also rely on an individual’s informal permission to disclose health information to an individual’s family, relatives, close personal friends, or to other persons identified by the individual, limited to information directly related to such person’s involvement.

**When an individual is incapacitated or in an emergency, providers sometimes may use or disclose PHI, without authorization, when it is in the best interests of the individual, as determined by health care provider in:**

1. The exercise of clinical judgement. The PHI that may be disclosed under this provision includes the patient’s name, location in a health care provider’s facility, and limited and general information regarding the person’s condition.
2. Providers may use and disclose PHI without a person’s authorization when the use of disclosure of PHI is **required by law**, including State statute or court order.
3. Providers generally may disclose PHI to State and Federal Public health authorities to prevent or control disease, injury or disability, and to government authorities authorized to receive reports of child abuse and neglect.
4. Providers may disclose PHI to appropriate government authorities in limited circumstance regarding **victims of abuse, neglect, or domestic violence.**

5. Providers may disclose PHI to health oversight agencies, (e.g., the government agency which licenses the provider), for legally authorized **health oversight activities**, such as audits and investigations.
6. PHI may be disclosed in a **judicial or administrative proceeding** if the request is pursuant to a court order, subpoena, or other lawful.
7. Providers may generally disclose **PHI to law enforcement** when:
  - a. Required by law, or pursuant to a court order, subpoena, or an “administrative request,” such as a subpoena or summons. The information sought must be relevant and limited to the inquiry.
  - b. To identify or locate a suspect, fugitive, material witness or missing person.
  - c. In response to a law enforcement request for information about a victim of a crime.
  - d. To alert law enforcement about criminal conduct on the premises of a HIPAA covered entity.
8. Providers may disclose PHI that they believe necessary **to prevent or lessen a:**
  - a. **Serious and imminent physical threat** to a person or the public, when such disclosure is made to someone they believe can prevent or lessen the threat (including the target of the threat).
9. Authorization is not required to use or disclose PHI to **certain government:**
  - a. **Programs providing public benefits** or for enrollment in government benefits
  - b. Programs if the sharing of information is required or expressly authorized by statute or regulation, or other limited circumstances.

**“Minimum Necessary” Rule:**

A covered entity must make reasonable efforts to use, request, or disclose to others only the minimum amount of PHI which is needed to accomplish the intended purpose of the use, request or disclosure. When the minimum necessary standard applies, a covered entity may not use, disclose, or request a person’s entire medical record, unless it can specifically justify that the entire record is reasonably needed.

The minimum necessary standard does not apply under the following circumstances:

- a) Disclosure to a health care provider for treatment
- b) Disclosure to an individual (or personal representative) who is the subject of the information;
- c) Use or disclosure made pursuant to an Authorization by the person (or personal representative);
- d) Use or disclosure that is required by law; or
- e) Disclosure to HHS for investigation, compliance review or enforcement.

**Penalties for Violation of HIPAA:**

1. Civil monetary penalties: HHS may impose civil money penalties on a covered entity of \$100 per failure to comply with the Privacy Rule requirement – not to exceed \$25,000 per calendar year for multiple violations of the same Privacy Rule requirement. Generally, HHS may not impose civil monetary penalties when a violation is due to reasonable cause, there was no “willful neglect” and the covered entity corrected the violation within 30 days of when it knew (or should have known) of the violation.
2. Criminal Penalties. A person who knowingly obtains or discloses individually identifiable health information in violation of HIPAA could face a fine of \$50,000 and imprisonment for up to one year. If the wrongful conduct involves “false-pretenses” the criminal penalties could increase up to a fine of \$100,000 and up to five years imprisonment. A fine of up to \$250,000 and up to ten years imprisonment could be imposed if the wrongful conduct involves the intent to sell, transfer, or use individually identifiable health information “For commercial advantage, personal gain or malicious harm. To view the entire Privacy Rule, or for other information about how it applies, visit the website of the HHS, office of Civil Rights at: <http://www.hhs.gov/ocr/hipaa/>

## **Client Grievance and Appeal Procedures**

GuidingPoint strives to continually improve the quality of our services. As a valued Client, parent/guardian, or customer, it is our request that when your needs are not being addressed and/or you see an area for improvement that you submit a complaint to our Customer Service Representative. The procedures below outline several options for submitting complaints and/or appeals.

### **The agency shall adhere to the following procedures regarding grievances:**

1. A client may file a grievance at any time. Grievance procedures are located in a conspicuous place and a copy of the grievance procedure shall be made available to anyone upon verbal or written request.
2. Assistance is to be provided to the client or representative in understanding the grievance process and filing the grievance by the Client Rights Officer and/or designee of the President of GuidingPoint LLC. who is not the subject of the grievance.
3. The grievance must be put into writing within three days of occurrence; the grievance may be made verbally and the client advocate shall be responsible for preparing a written text of the grievance;
4. The written grievance must be dated and signed by the client, the individual filing the grievance on behalf of the client, or have an attestation by the client advocate that the written grievance is a true and accurate representation of the client's grievance;
5. The grievance will include, if available, the date, approximate time, description of the incident and names of individuals involved in the incident or situation being grieved;
6. The client is given a 'Grievance Summary Form' to complete. This form and any documentation regarding the grievance are kept confidential, secure and apart from the client's record. Upon completion, the client shall place the form in a sealed envelope and return it to the office support staff.
7. A written acknowledgment of receipt of the grievance will be provided to each grievant. Such acknowledgment shall be provided within three business days from receipt of the grievance. The written acknowledgment 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.
8. The Client Rights Officer will investigate the grievance on behalf of the client, and provide agency representation for the client at the agency hearing on the grievance if desired by the client.
9. If there is no immediate resolution, the client and the Client Rights Officer will meet with the President of GuidingPoint LLC. to hear the grievance. Written results of this meeting are given to the client after appropriate action has been taken.
10. If the above meeting does not result in resolution, clients are referred to appropriate outside resources.
11. A client should expect a response from GuidingPoint LLC. within 48 hours of filing a grievance. If the Client Rights Officer is not available within 48 hours, the compliant shall be taken to the Clinical Director or designee. The client or the individual filing the grievance on behalf of the client, with client's permission, will be given written confirmation that the grievance is being processed, who is involved in the grievance process, the actions or resolutions being proposed, and the opportunity to be heard by an impartial decision-maker.
12. No grievance shall take longer than 20 days to resolve.

14. Grievances against the Client Rights Officer shall be filed with the President of GuidingPoint in accordance with the established grievance procedures.
15. There will be no retaliation or barrier to service if a client files a complaint or grievance.
16. Upon the request of the client or individual filing the grievance on behalf of the client, with client's permission, all relevant information about the grievance will be forwarded to the Ombudsman.
17. All client Grievances shall be kept for a period of two years from the date of resolution, to include: A copy of the grievance, documentation reflecting process used and resolution/remedy of the grievance, documentation, if applicable, of extenuating circumstances for extending the time period for resolving the grievance beyond twenty business days.
18. A client has the option to file a grievance with an outside organization directly, and in so doing, bypass GuidingPoint LLC. internal grievance procedures. Outside organizations include:

**Disability Rights Ohio**

200 S Civic Center Dr. Suite 300  
Columbus, Ohio 43215-5923  
Phone: 614-466-7264 or 1-800-282-9181 (toll-free in Ohio only)

**U.S. Department of Health and Human Services/Civil Rights Office**

233 Michigan Ave., Suite 240  
Chicago, IL 60601  
Phone (800) 368-1019/ TDD (800) 537-769

**Ohio Mental Health & Addiction Service (OhioMHAS)**

30 East Broad Street, Suite 742  
Columbus, Ohio 43215-3430  
Phone: (614) 466-2596

**Client Rights Officer or Consumer Relations Specialist Alcohol, Drug Addiction and Mental Health Services Board of Cuyahoga County**

2012 W. 25th St., 6th Floor  
Cleveland, Ohio 44113  
(216) 241-3400

## **Transportation**

Every effort is made to arrange safe transportation services. Your assigned clinician will attempt to assist you and arrange your transportation needs.

## **Important Phone Numbers**

You may utilize the following numbers for assistance:

**GuidingPoint** Customer Service Line (**Complaints, Appeals, Questions**): 216-273-7233

**GuidingPoint** Referrals/Admissions: 216-273-7233

**After Hour Crisis/Emergency**: utilize assigned case manager number first, also feel free to contact the: **24/7 Crisis Hotline** at (216) 623-6888, **call 911** or go to the nearest **Emergency Department**.

**Clients are also invited to visit our website for additional information and resources at [www.guidingpoint.org](http://www.guidingpoint.org)**