

WomenSafe, Inc., the Green House

3. Operations

Policies and Procedures 3.2 Confidentiality Policy (Universal)

Date Initiated: April 2, 2001

Date Reviewed: October 4, 2005 January 30, 2006 January 30, 2007 January 30, 2008, May 19, 2009, November 19, 2010, March 10, 2011, March 5, 2012, July 9, 2012, February 1, 2013, March 8, 2014, January 28, 2015, January 12, 2016, June 1, 2017, February 7, 2018

3.2.1 PURPOSE

To define the expectations for protecting the confidentiality and privacy of every person receiving services from WomenSafe, Inc.

3.2.2 POLICY:

The nature of our mission and work exposes Board of Trustees, employees, volunteers (*which also encompass students/interns*), and clients to highly sensitive and confidential information. In all of the dealings of the professional work of WomenSafe, employees, volunteers, and clients must be acutely aware at all times of their responsibility not to divulge any information that could be a breach of professional and ethical conduct. Special attention must be given to proprietary information, confidential data about clients, and personal and confidential information about employees, contract staff, members of the Board of Trustees and other volunteers. All operational procedures will be guided by the need to safeguard personal information entrusted to WomenSafe contacts.

3.2.3 PROCEDURES:

- 3.2.3.1 All members of the board of trustees, employees, and volunteers will receive training on the requirement to protect confidentiality of the persons served and confidential administrative records. A Statement of Confidentiality (Appendix I) will be signed, indicating agreement with and willingness to protect confidentiality.
- 3.2.3.2 Annually all employees will be review the requirement to protect confidentiality of the persons served (competency assessment and/or staff meeting notes will reflect training) and will sign the Statement of Confidentiality.
- 3.2.3.3 All written documents that contain any identifying information about the persons served or confidential administrative information will be protected. If notes or working documents are no longer needed, they will be shredded. Nothing containing identifying information is to be disposed of in the regular trash.

- 3.2.3.4 All conversations (telephone and face-to-face) held with or about a person receiving services must be conducted in private offices, with doors closed if needed, to further protect confidentiality.
 - 3.2.3.5 No documents containing identifying information may be removed from the facility, unless transported in a locking file box, with the key securely maintained by the staff member (this includes hard copy documentation as well as computer disks/drives).
 - 3.2.3.6 Computer screens will be placed on desks so that no one has a view of the contents of the screen unless authorized to do so by the staff member working on the document.
 - 3.2.3.7 Staff will ensure prompt retrieval of documents from all printers or insure that document is locked for print to pick up at a later time.
 - 3.2.3.8 Fax machines will be password protected and any identifying information that is being received/sent will be protected. Anyone sending a fax will ensure client confidentiality during document transmission.
 - 3.2.3.9 Computer usage and electronic data confidentiality measures are referenced in policy 6.8 of this manual and also include the maintenance of confidentiality through electronic means and social media.
 - 3.2.3.10 All clinical records will be stored in locked filing cabinets, with access limited to staff members with an appropriate need for access.
 - 3.2.3.11 Information concerning a person receiving services that is to be shared with other entities may only be released if a valid consent to release information form has been signed. See policy 7.25 in this manual.
 - 3.2.3.12 Violations of confidentiality shall be subject to the disciplinary process, up to and including immediate termination of employment or services.
- 3.2.4 **PRIVACY AND CONFIDENTIALITY : PRIVILEGES OF THE CLIENT**
- 3.2.4.1 Only the client may waive her/his privacy and confidentiality, in a meaningful and non-coerced fashion.
 - 3.2.4.2 Release of information for a specific purpose such as Medicaid payment and/or audits should not require waiver of the total right to privacy and

confidentiality.

- 3.2.4.3 Client “Authorization for the Release of Information” (See Appendix I) must be completed and signed by the client when it is necessary to share information with entities outside of WomenSafe for the purpose of service delivery, continuity of care, or other purposes as identified on the above form. *This is regardless of mandates proposed by the ORC in 2010.*
 - 3.2.4.4 Clients are not to disclose information of the inter-workings of the agencies to other persons including the identifying information of other clients.
 - 3.2.4.5 HIPAA allows covered entities and their business associates to communicate e-PHI with patients via e-mails and texts if either (1) the e-mails and texts are encrypted and/or are otherwise secure; or (2) the covered entity or business associate first warns the patient that the communication is not secure and the patient elects to communicate via unsecure e-mail or text, anyway. When it comes to communicating with non-patients, the covered entity or business associate must generally ensure that its e-mail or texts comply with relevant Privacy and Security Rule standards. However, due to the safety concerns involving WomenSafe clients e-PHI should be considered as a last result.
- 3.2.5 **CONFIDENTIALITY LIMITS:** Limits to confidentiality involve the following circumstances:
- 3.2.5.1 The disclosure is required by a court order.
 - 3.2.5.2 The disclosure is made to medical personnel in a medical emergency.
 - 3.2.5.3 The disclosure is made to qualified personnel for research, audit, or program evaluation.
 - 3.2.5.4 The disclosure is made if there is a threat of bodily harm to self or others.
 - 3.2.5.5 The disclosure is made to appropriate State or local officials after receiving information about suspected child abuse or neglect. Mandated reporting/State law requires reports of any suspected abuse or neglect of any child under the age of 18 years, any elderly person over the age of 60 years, or any person with a developmental disability or mental retardation; additionally, it is WomenSafe’s policy to *clear* cases with the appropriate State or local officials when individuals fitting the above criteria enter the shelter setting.
- 3.2.6 **CONFIDENTIALITY CONFLICTS**

Conflict between a client's right to privacy and a third party's need to know should be resolved in favor of the client's privacy and confidentiality except where that may result in serious harm to the client or others.

WomenSafe, Inc., the Green House

3. Operations

Policies and Procedures 3.7 Client Rights

Date Issued: April 1, 2001

Date Reviewed: April 3, 2002, April 20, 2003, April 8, 2004, October 4, 2005, October 4, 2006, October 4, 2007, October 7, 2008, May 20, 2009, May 25, 2010, July 1, 2011, March 12, 2012, February 13, 2013, November 27, 2013, November 3, 2014, April 21, 2016, January 18, 2018

3.7.1 **PURPOSE:**

To ensure that the rights of all persons receiving services from WomenSafe, Inc. will be protected and promoted.

3.7.2 **POLICY:**

WomenSafe, Inc. will educate the members of the WomenSafe Board of Trustees, all of its staff members, and any interns/volunteers/students (if applicable) on the rights of persons receiving services, how to protect and promote those rights, and what to do should a violation of rights be suspected. All persons requesting, and receiving services, from WomenSafe, Inc. will be educated about their rights at the time of admission and at least annually, thereafter. Staff and the formal documents will be available at all times for review and clarification. Any person receiving services who believes their rights have been violated will be encouraged to report this, to the Client Rights Advocate, for investigation and resolution.

3.7.3 **PROCEDURES:**

3.7.3.1 The lists of client rights, along with this policy and procedures, will be posted where services are provided. Staff and the formal documents will be available at all times for review and clarification.

3.7.3.2 At the time of admission to services, each person requesting services will be provided a copy of the lists of client rights and this policy and procedures. The applicable list of client rights will be explained to the person in a manner that is understandable to that person, and all questions answered. To acknowledge receiving this explanation, the person (or his or her legal guardian) will be asked to sign a statement that documents the explanation. At any time after services have been initiated the person served may request, and will be given, a copy of the list of client rights, as well as this policy and procedures.

3.7.3.3 In an emergency or crisis situation, the person served will be advised of their immediate right to consent or refuse services, and the possible consequences of their choice.

- 3.7.3.4 Client may access information pertinent to them in sufficient time to facilitate his or her decision making. Clients may also, access their own records at any time in accordance with the rights listed in the attachments for this policy.
- 3.7.3.4.1 When a client requests to access their record, the Executive Director must be notified in order to document as the “custodian of the record” for the agency.
- 3.7.3.5 If an individual re-engages in treatment after a period of absence, the list of client rights will again be explained to the persons receiving services.
- 3.7.3.6 At the time of orientation to employment or at the start of volunteer service, each staff member, intern/volunteer/student will be educated on client rights and this policy and procedure. The individual will sign an agreement to promote all client rights. The staff member must successfully pass a competency-based assessment.
- 3.7.3.7 Annually, all staff members and interns/volunteers/students (if applicable) will be re-trained on promoting client rights. Staff must successfully pass a competency-based assessment.
- 3.7.3.8 At the beginning of a term of office on the WomenSafe Board of Trustees, board members will sign an agreement to promote the rights of persons receiving services from WomenSafe, Inc.
- 3.7.3.9 Any suspected violation of any right of persons served is to be immediately reported (verbally or written) to the **Client Rights Advocate aka Client Rights Officer aka Terra Thorpe, at 440-286-7154 x225**. A report may be filed during normal business hours at 12041 Ravenna Road, Chardon, Ohio 44024 between 8:00 a.m. to 5:00 p.m., Monday through Friday. If a report needs to be made in person, this can be done at the address listed above. Phone messages can be left 24 hours a day, 365 days a year by calling the Client Rights Advocate listed above or COPEline at 1-888-285-5665 and asking for a supervisor to be called.
- 3.7.3.10 If the Clients Rights Advocate is unavailable for a period that exceeds 24 hours then a designee must be appointed to begin investigating the claim.
- 3.7.3.11 The role of the Client Rights Advocate is to investigate all allegations of a violation of the rights of a person receiving services and to recommend to the Executive Director, or to the WomenSafe Board of Trustees, any action to be taken, as well as to resolve any grievances filed by the person receiving services.

- 3.7.3.12 At any time a person receiving services may file a grievance or complaint (whether regarding a violation of rights or for any other reason). Any staff member may receive the grievance and assist the person in completing the grievance form (if necessary). The policy and procedures on grievances of persons receiving services will then be implemented (*Reference Policy 3.4 of this manual*).
- 3.7.3.13 Complaints and grievances are often investigated in the same manner. If a violation of rights is found then the appropriate authorities are notified. Complaints are often resolved internally.
- 3.7.3.14 The agency Client Rights Advocate shall assure the keeping of records of grievances received, the subject matter of the grievances, the resolution of the grievances, and shall prepare a quarterly summary for review by agency governance in accordance with the Ohio Revised Code. The quarterly summary shall include the number of grievances received, type of grievances, resolution status of grievances, and shall be forwarded to the board. The agency records shall be available for review by the board and the Ohio Department of Mental Health and Addiction Services upon request.
- 3.7.3.15 If any significant changes to this policy and procedures are approved by the WomenSafe Board of Trustees, all staff members and interns/volunteers/students (if applicable) will be re-educated on the policy and procedures. The new policy and procedures will then be posted. If any changes should occur to the list of client rights, as published under the Ohio Administrative Code, the list of clients rights will then be re-distributed to persons served, and the persons will be re-educated as to their rights.
- 3.7.3.16 Any restrictions that are placed on clients are done for the physical safety of the persons served and the personnel. WomenSafe does not place additional restrictions on clients as a means of behavior modification. WomenSafe does not use seclusion or restraint practices.
- 3.7.3.17 Additional resources:
- Consumer FAQs
<http://mentalhealth.ohio.gov/assets/client-rights/info-exchange-memo-faq-2010.pdf>
- Consumer Brochure
<http://mentalhealth.ohio.gov/assets/client-rights/continuity-of-care-brochure.pdf>

Please see attachment A. Client Rights EFFECTIVE 3/1/2012

Please see attachment B. Ohio Victim Rights

5122-26-18 Client rights and grievance procedure.

(A) The purpose of this rule is to state the minimum client rights and grievances requirements for a provider certified pursuant to Chapter 5122-25 of the Administrative Code.

(B) The following definitions are in addition to or supersede the definitions in rule 5122-24-01 of the Administrative Code:

(1) "Client advocate" means the individual designated by a provider with responsibility for assuring compliance with the client rights and grievance procedure rule as implemented within each provider or board, and shall have the same meaning as client rights officer or client rights specialist.

(2) "Grievance" means a written complaint initiated either verbally or in writing by a client or by any other person or provider on behalf of a client regarding denial or abuse of any client's rights.

(3) "Reasonable" means a standard for what is fair and appropriate under usual and ordinary circumstances.

(C) Each provider shall have the following:

(1) Written client rights policy that lists all of the client rights identified in this rule;

(2) Written client grievance procedure;

(3) Policy for maintaining for at least two years from resolution, records of client grievances that include, at a minimum, the following:

(a) Copy of the grievance;

(b) Documentation reflecting process used and resolution/remedy of the grievance; and,

(c) Documentation, if applicable, of extenuating circumstances for extending the time period for resolving the grievance beyond twenty-one calendar days.

(D) Posting of client rights

(1) The client rights policy and grievance procedure shall be posted in each location in which services are provided, unless the certified agency location is not under the control of the provider, i.e. a shared location such as a school, jail, etc. and it is not feasible for the provider to do so.

(2) The client rights policy and grievance procedure shall be posted in a conspicuous location that is accessible to persons served, their family or significant others and the public.

(3) When a location is not under the control of the provider and it is not feasible for the provider to post the client rights policy and grievance procedure, the provider shall assure that copies are available at the location for each person that may request a written copy.

(E) Except for clients receiving forensic evaluation service as defined in rule 5122-29-07 of the Administrative Code from a certified forensic center, or attending a driver intervention program as defined in rule 5122-29-12 of the Administrative Code, each client has all of 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 receive services in the least restrictive, feasible environment;

(4) 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;

- (5) The right to give informed consent to or to refuse any service, treatment or therapy, including medication absent an emergency;
- (6) The right to participate in the development, review and revision of one's own individualized treatment plan and receive a copy of it;
- (7) 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;
- (8) The right to be informed and the right to refuse any unusual or hazardous treatment procedures;
- (9) 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;
- (10) 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;
- (11) 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;
- (12) 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;
- (13) The right to be informed of the reason for denial of a service;
- (14) 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;
- (15) The right to know the cost of services;
- (16) The right to be verbally informed of all client rights, and to receive a written copy upon request;
- (17) The right to exercise one's own rights without reprisal, except that no right extends so far as to supersede health and safety considerations;
- (18) The right to file a grievance;
- (19) The right to have oral and written instructions concerning the procedure for filing a grievance, and to assistance in filing a grievance if requested;
- (20) The right to be informed of one's own condition; and,
- (21) The right to consult with an independent treatment specialist or legal counsel at one's own expense.

(F) Client rights - forensic evaluations.

Each client receiving a forensic evaluation service from a certified forensic center has these rights:

- (1) The right to be treated with consideration and respect for personal dignity;
- (2) The right to be evaluated in a physical environment affording as much privacy as feasible;
- (3) The right to service in a humane setting which is the least restrictive feasible if such setting is under the control of the forensic center;
- (4) The right to be informed of the purpose and procedures of the evaluation service;

- (5) The right to consent to or refuse the forensic evaluation services and to be informed of the probable consequences of refusal;
- (6) The right to freedom from unnecessary restraint or seclusion if such restraint or seclusion is within the control of the forensic center;
- (7) The right to be advised of and refuse observation by techniques such as one-way vision mirrors, tape recordings, televisions, movies, or photographs, or other audio and visual technology, unless ordered by the court, in which case the client must be informed of such technique. This right does not prohibit an agency from using closed-circuit monitoring to observe seclusion rooms or common areas, which does not include bathrooms;
- (8) The right not to be discriminated against in the provision of service 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;
- (9) The right to be fully informed of all rights;
- (10) The right to exercise any and all rights without reprisal in any form;
- (11) The right to file a grievance; and,
- (12) The right to have oral and written instructions for filing a grievance including an explanation that the filing of a grievance is exclusively an administrative proceeding within the mental health system and will not affect or delay the outcome of the criminal charges.

(G) Client rights - driver intervention programs:

Each client participating in a driver intervention program has these 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 give informed consent to or to refuse any service:
- (4) The right to be free from restraint or seclusion unless there is immediate risk of physical harm to self or others;
- (5) The right to be informed and the right to refuse any unusual or hazardous procedures;
- (6) 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;
- (7) 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;
- (8) The right to have access to one's own client record;
- (9) The right to be informed of the reason for terminating participation in a service;
- (10) The right to be informed of the reason for denial of a service;
- (11) 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;
- (12) The right to know the cost of services;
- (13) The right to be verbally informed of all client rights, and to receive a written copy upon request;

- (14) The right to exercise one's own rights without reprisal, except that no right extends so far as to supersede health and safety considerations;
- (15) The right to file a grievance;
- (16) The right to have oral and written instructions concerning the procedure for filing a grievance, and to assistance in filing a grievance if requested;
- (17) The right to be informed of one's own condition; and,
- (18) The right to consult with an independent treatment specialist or legal counsel at one's own expense.

(H) Provision of client rights

- (1) The provider shall explain and maintain documentation in the ICR of explanation of rights to each person served prior to or when beginning assessment or treatment services.
- (2) In a crisis or emergency situation, or when the client does not present for services in person such as through a hotline; the provider may verbally advise the client of at least the immediately pertinent rights only, 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 shall be provided at the first subsequent meeting.
- (3) 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.
- (4) Explanations of rights shall be in a manner appropriate for the person's understanding.
- (I) All staff shall be required to follow the client rights policy and client grievance procedure. There shall be documentation in each employee's personnel file, including contract staff, volunteers and student interns that each staff member has received a copy of the client rights policy and the client grievance procedure and has agreed to abide by them.
- (J) The client grievance procedure shall have provisions for at least the following:
 - (1) Statement to whom the client is to give the grievance;
 - (2) Designation of a client advocate who will be available to assist a client in filing of a grievance, the client advocate shall have their name, title, location, hours of availability, and telephone number included with the posting of client rights as required by paragraph (D) of this rule;
 - (3) Requirement that the grievance must be put into writing; the grievance may be made verbally and the client advocate shall be responsible for preparing a written text of the grievance;
 - (4) Requirement that 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) Requirement that the grievance include, if available, the date, approximate time, description of the incident and names of individuals involved in the incident or situation being grieved;
 - (6) Statement that the program will make a resolution decision on the grievance within twenty business days of receipt of the grievance. Any extenuating circumstances indicating that this time period will need to be extended must be documented in the grievance file and written notification given to the client;
 - (7) Statement that a client has the option to file a grievance with outside organizations, that include, but are not limited to, the following, with the mailing address and telephone numbers for each stated:
 - (a) Applicable board of alcohol, drug addiction, and mental health services;

- (b) Ohio department of mental health and addiction services;
 - (c) Disability rights Ohio; or,
 - (d) U.S. department of health and human services, civil rights regional office in Chicago.
- (8) Requirement that a written acknowledgment of receipt of the grievance 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; and,
 - (e) Treatment provider contact name, address and telephone number.

Replaces: 5122-26-18

Effective: 4/1/2016

Five Year Review (FYR) Dates: 04/01/2021

Promulgated Under: 119.03

Statutory Authority: 5119.36

Rule Amplifies: 5119.36

Prior effective dates: 5/10/79, 1/1/91, 3/1/12

Summary of Ohio's Crime Victims Rights Law

[Numbers below refer to sub-sections of Ohio Revised Code Section 2930] May 1, 2015

Eligible Victims

Eligible victims include victims or their designated representative [2930.01 & .02], such as Victim Advocate or family member, when a victim of [.01A]:

- **Felony crimes** (both property and violent).
- **Misdemeanor crimes** (including similar municipal ordinances) of:
 - **Aggravate menacing** (2903.21)
 - **Assault** (2903.13)
 - **Domestic violence** (2919.25)
 - **Drunk Driving injury** (4511.19)
 - **Intimidation of a crime victim or witness** (2921.04)
 - **Menacing** (2903.22)
 - **Negligent homicide** (2903.05)
 - **Sexual imposition** (2907.06)
 - **Stalking** (2903.211)
 - **Vehicular manslaughter & Vehicular homicides** (2903.06)
- **The above crimes if committed by a juvenile**, and rights in similar proceedings in Juvenile Court.

Notices to victims may be oral or written [.03A].

It is the responsibility of the victim to keep their address or phone contact current with authorities [.03C, .16A].

A judge may limit any of these rights if the victim is an inmate [.19E].

Responsibility for Compliance

Prosecutors must seek compliance with victim rights [.19A], but failure of any right does not change results [.06A and .19C] or allow for damage claims by victims [.19B].

Required Notices To Victims

Law enforcement and prosecutors must promptly give certain information included in the "Ohio Crime Victim Rights" pamphlet prepared by the Attorney General, including available victim's rights, assistance, victim's compensation, and protective order information [.04A]. Law enforcement must provide contact information of investigator and prosecutor, notice of an arrest, name of defendant or alleged juvenile offender, eligibility for accused pre-trial release, the victim's right to know if the accused has been arrested or released and to know of the right to be free from intimidation [.05A].

Prosecutors must, "to the extent practicable," confer with the victim or designated representative before a plea bargain, amendment, dismissal, or trial. Judges must note on the record any known time a prosecutor fails to confer and the prosecutor's reason [.06A].

If the Juvenile Court amends, dismisses, grants diversion, or has an adjudicatory hearing on a case prior to the Prosecutor's involvement, the Court "shall notify the victim" of the action the court will take [.06A].

A Court shall not dismiss charges or juvenile complaints solely at the request of the victim and over the objections of the Prosecutor.

Prosecutors (or designee [.06B]) also must, to the extent practicable, inform victims of the name of the accused, charge, case number, procedural steps, victim's right to attend all proceedings, summary of rights, intimidation response procedures, person and phone contact, need to request notices and the right to select a representative to receive these notices on the victim's behalf [.06B], and notify all victims of misdemeanor crimes of their right to make an oral or written victim impact statement [.06E].

Required Notices If a Victim Requests

The Prosecutor, or Court if it is a delinquency hearing without a Prosecutor, must notify the victim of:

1) All court proceedings and changes to those proceedings or to the schedule in the case, including date, time, and location [.06C];

2) Acquittal or conviction [.12].

If convicted, then notified of:

A) crimes convicted of [.12A]

B) phone number and address of probation office or person preparing pre-sentence investigation (PSI) [.12B]

C) right of the victim to make a statement as part of the PSI. Judge may show the victim's statement to the defendant [.12C].

D) the date, time, and place of sentencing [.12E], and the right to speak at sentencing [.12D];

E) the sentence and any change of the sentence [.12F];

3) An appeal being filed and information on [.15A]:

A) the appeal process [.15A];

B) the release of defendant [.15A2];

C) time and place of appeal [.15A3]; &

D) results of the appeal [.15A4], and;

Victims who requested any other notifications, must also be notified of:

A) incarceration of the accused or any commitment of the juvenile;

B) the likely release date;

C) the contact information of the custodial agency and its victim services

D) automatic notices of any actions the release authority takes and all judicial release or sentence modification hearings [16 A,B,C] (see last column for state required notices)

Summary of ORC 2930 Victim Rights Law, page 2 of 2

Revoking Bond or Release

If a defendant or an alleged juvenile offender is released on bond or personal recognizance, and the victim or victim's family has been harmed or threatened, then the victim may request the prosecutor to motion for the court to reconsider bond or release conditions [.05B].

Confidentiality

1) Prosecutor may motion for the court to suppress victim or victim representative identifying information if there are reasonable grounds to fear from threats or violence. The "court shall hold" the recorded hearing in chambers [.07A].

2) The court may suppress victim information from files, except when determining the location of the crime or delinquent act, and seal the transcript of the hearing [.07B].

Speedy Prosecutions

If practical, the prosecutor must inform each victim who requested notices of any possible delays, and if the victim objects, the prosecutor must inform the judge and the judge must consider the victims' concerns before approving delays [.08].

Be Present

Victims may attend any hearing the defendant or alleged juvenile offender is present (except Grand Jury), unless the judge rules exclusion of the victim or victim representative is necessary to guarantee a fair trial or proceeding [.09].

Support Person

At a victim's request, the judge must permit a support person to accompany the victim unless the judge rules this will cause an unfair trial or delinquency proceeding [.09].

Separate Waiting Area

The court must attempt to minimize unwanted contacts between victims and the accused [.10A]. The court must attempt to provide a separate victim waiting area from the accused [.10B].

Property Return

Law enforcement must promptly return property to the victim unless it is contraband, ownership is disputed, prosecutor certifies it must be kept instead of photographed, or the judge promptly rules evidentiary value to defendant or alleged juvenile offender is greater than the victims need for the property [.11].

Victim Impact Statement

Victims may make a written or oral statement for the victims section of any Disposition Information Report (DIP) or Pre (or Post) -Sentence Investigation (PSI) that a judge orders. The victim's statement must be included as part of a Victim Impact Statement, and if requested by the victim, the victim's written statement must be included in the DIP or PSI [.13A].

Victim Impact Statements may include physical, psychological, and emotional harm, property damage or economic losses, restitution needs, and the victim's opinion on sentencing / disposition [.13C].

Before sentencing of an adult in all felony [.01(A)1] and misdemeanor [.06E] crimes, or disposition of an alleged juvenile offender, the judge must permit a statement from the victim. The judge may give a copy of any written statement to defendant or juvenile and their attorney, and give the victim and prosecutor any written statement by the offender or juvenile.

The judge may redact irrelevant information. Written statements are not public record, and must be returned to the court immediately after the hearing. New information may require a response from the defendant or juvenile [.14A and .14B].

Before a release hearing from prison or Dept. of Youth Services (DYS), the judge must permit and consider a victim's statement and, if statement is written, a copy given the defendant or juvenile, DHS or adult parole authority [.17A & .17B].

Release and Hearing Notices

Victims are provided automatic notifications (oral or written) in violent felony levels 1-3 and life imprisonment for release and discharge reviews, with an "opt out" choice [.03, .06]. Victims of felony levels 4-5 must "opt in." Victims may request notices. Notices are to be provided 60 days prior to following events:

1) Adult system: Victims notified of judicial release hearing and results by the prosecutor;

2) Juvenile system: Victims notified of judicial release hearings by the prosecutor and of the results by the juvenile court;

3) Recommendation for pardon or commutation, parole hearing, placement in transitional control or released onto post-release control - including the victim's rights and the process to be heard [.16C,D] and notice of right to having a victim conference for a parole hearing [.16E]. - notice by Dept. of Corrections

Automatic notices may end after victims do not respond 3 times and records of notice attempts must be kept and are not public. Notices are done promptly when inmate escapes, is absent, is recaptured [.16C4], and defendant dies [.16C5].

With the above notices, the victim must be informed of the right to submit a victim impact statement [.16A,B,C] and attend certain full board hearings (not institutional panel hearings) [.16C].

Employee Protections

Employers cannot punish victims for preparing for or attending hearings at the prosecutor's request or by subpoena. Violation is contempt of court [.18].

Prepared by David L. Voth, Ohio Victim Witness Association Public Policy Chair, (419-222-8666); Author: Quality Victim Advocacy: A Field Guide. Not to be used as legal advice.

WomenSafe, Inc., the Green House

6. Administration

Policies and Procedures: 6.4 Non-discrimination Policy

Date Initiated: April 2, 2001

Date Reviewed: March 1, 2002, March 3, 2003, August 5, 2004, August 6, 2005, January 30, 2006, December 20, 2007, December 27, 2008, December 27, 2009, December 27, 2010, May 3, 2011, July 1, 2011, March 1, 2012, October 1, 2013; October 1, 2014; July 3, 2015; June 25, 2016; June 18, 2017; June 2, 2018

- 6.4.1 **PURPOSE:** WomenSafe, Inc. is dedicated to offering a work environment and clinical environment that is open to all persons. The organization will adhere to the following:
- 6.4.2 No person is excluded from services because of race, ethnicity, age, color, religion, gender, national origin, sexual orientation, gender identity, physical or mental handicap, developmental disability, genetic information, human immunodeficiency virus status, or in any manner prohibited by local, state or federal laws.
- 6.4.3 There is no segregation of persons served on the basis of race, ethnicity, age, color, religion, gender, national origin, sexual orientation, gender identity, physical or mental handicap, developmental disability, genetic information, human immunodeficiency virus status, or in any manner prohibited by local, state or federal laws.
- 6.4.4 There is no discrimination on the basis race, ethnicity, age, color, religion, gender, national origin, sexual orientation, gender identity, physical or mental handicap, developmental disability, genetic information, human immunodeficiency virus status or in any manner prohibited by local, state or federal laws with regard to hiring, compensation, assignment, promotion or other conditions of staff employment.
- 6.4.5 The agency has a non-discrimination selection procedure, whose purpose is to achieve equal employment opportunity for all persons in the hiring of its staff positions. The methods to achieve this goal include developing relationships with local agencies to participate in their work or employment programs, identifying the agency as an equal employment opportunity employer in recruiting advertisements, and the use of only those employment agencies which do not discriminate on the basis of race, ethnicity, age, color, religion, gender, national origin, sexual orientation, gender identity, physical or mental handicap, developmental disability, genetic information, human immunodeficiency virus status or in any manner prohibited by local, state or federal laws in making job referrals.
- 6.4.6 There is no discrimination on the basis of race, ethnicity, age, color, religion, gender, national origin, sexual orientation, gender identity, physical or mental

handicap, developmental disability, genetic information, human immunodeficiency virus status or in any manner prohibited by local, state or federal laws in membership on the agency's Board of Trustees.

WomenSafe, Inc., the Green House

3. Operations

Policies and Procedures 3.4 Client Procedure for Filing a Grievance or Complaint

Date Initiated: April 2, 2001

Date Reviewed: April 3, 2002, April 20, 2003, April 8, 2004, October 4, 2005, October 4, 2006, October 4, 2007, October 7, 2008, May 20, 2009, July 12, 2010, July 1, 2011, February 15, 2012, February 13, 2013, November 27, 2013, November 3, 2014, April 21, 2016, January 1, 2018

- 3.4.1 **PURPOSE:** To describe the process used when a client requests to file a grievance or complaint.
- 3.4.2 **POLICY:** Any person receiving services from WomenSafe, Inc. has 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 the grievance process, including the right to appeal a decision. This includes filing complaints regarding their services and/or the manner in which he or she has been treated, and to expect that there be no retaliation or barriers to service as a result of filing the grievance or making the complaint. All grievances and complaints will be investigated. Actions may be taken to prevent or remediate the circumstances, should a grievance or complaint prove to be substantiated.
- 3.4.3 **PROCEDURES:**
- 3.4.3.1 This policy and procedure will be posted where services are provided.
- 3.4.3.2 From the first day of their involvement, members of the Board of Trustees, staff members, and interns/volunteers/students of WomenSafe, Inc. will be informed of the right of persons receiving services to make a complaint or file a grievance, and will be trained on the steps to facilitate such complaint or grievance. This training will be in conjunction with training on client rights.
- 3.4.3.3 Annually, all staff members and interns/volunteers/students will be retrained on how to assist a person in making a complaint or filing grievance.
- 3.4.3.4 At the time of admission to services, each person requesting services will be provided a copy of the Client Grievance Report Form and this policy and procedures. The procedures will be explained to the person in a manner that is understandable to that person, and all questions answered. The person will be informed that any staff member will assist him or her in making a complaint or filing a grievance (if necessary).
- 3.4.3.5 The WomenSafe, Inc. Client Grievance Form will be available where services are provided and whenever requested/discussed with a client (*Attachment B*).

- 3.4.3.6 Making a complaint is the initial step in resolving a dispute or issue. If the complaint can be informally resolved by discussion with a staff member or program supervisor to the satisfaction of the person, documentation of that discussion will be submitted to the Executive Director and discussed with the Program and Services Committee from the Board of Trustees (if necessary). If the informal discussion does not result in satisfactory resolution, the person will be assisted in filing a formal grievance.
- 3.4.3.7 A formal grievance (defined as: 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) can be filed at any time, whether or not the formal complaint process has been used. If the Client Grievance Report Form is not available, any written statement can be submitted as a grievance. The person wishing to file a grievance may request, and will receive, assistance from any member of the Board of Trustees, staff member, or intern/volunteer/student. If the grievance involves a minor child, the legal parent or guardian may file the grievance on the child's behalf. Other assistance may be received from any other source of the person's choosing, including those resource agencies listed in *Attachment A*.
- 3.4.3.8 Any suspected violation of any right of persons served is to be immediately reported (verbally or written) to the **Client Rights Specialist aka Client Rights Officer aka Terra Thorpe, at 440-286-7154 x225**. A report may be filed during normal business hours at 12041 Ravenna Road, Chardon, Ohio 44024 between 8:00 a.m. to 5:00 p.m., Monday through Friday. If a report needs to be made in person, this can be done at the address listed above. Phone messages can be left 24 hours a day, 365 days a year by calling the client rights officer listed above or COPEline at 1-888-285-5665 and asking for a supervisor to be called.
- 3.7.3.9 If the Client Rights Officer is unavailable for a period exceeding 24 hours then a designee must be appointed to begin investigating the claim.
- 3.4.3.10 Upon receipt of the written statement of grievance, the Clients Rights Officer will collect the appropriate documentation and will investigate on behalf of the person filing the grievance. A decision will be reached to either; affirm the grievance and recommend action or to dismiss the grievance. The decision must be discussed with the person filing the grievance (and any advocate, if requested by the person) within 20 working days and documented in writing. Recommendations for action will be forwarded to the Board of Trustees, who will review and implement such actions, as appropriate.

- 3.4.3.11 If the Client Rights Officer does not feel he/she can be an impartial representative for the person filing the grievance, he/she will refer the grievance to the Alternative Client Rights Officer. If the grievance is against the staff member appointed as Client Rights Officer, if the Client Rights Officer is named as part of the grievance, or if the Client Rights Officer is on vacation or otherwise unavailable to resolve the grievance, the Executive Director will assume the responsibility of the Client Rights Officer.
- 3.4.3.12 If the person filing the grievance is not satisfied with the resolution of the grievance, a written request for reconsideration may be submitted. Upon receipt of this written request, the Executive Director or designee will review the documentation and make a determination. This decision must be discussed with the person filing the grievance within 20 working days and documented in writing. In the event that the Executive Director serves as the Client Rights Officer, the written request for reconsideration may be submitted to the President of the Board of Trustees. The President of the Board of Trustees will have the same 20 working days to make a determination and present his or her findings to the person filing the request for reconsideration.
- 3.4.3.13 WomenSafe, Inc. shall report any allegation of staff abuse or neglect to the Geauga County Board of Mental Health & Recovery Services within 24 hours of the event occurring. *Further information regarding specific reporting requirements of Abuse and Neglect can be reviewed in this policy and procedure manual (Policy 7.16)*
- 3.4.3.14 WomenSafe shall communicate the results of the hearing/investigation to the Geauga County Board of Mental Health & Recovery Services.
- 3.4.3.15 Appropriate law enforcement agencies shall be notified in situations where child or adult abuse is involved.
- 3.4.3.16 Clients may appeal to the resolution by filing with the organizations listed on *Attachment A*. WomenSafe, Inc. will provide information about the grievance to the agency with client written permission.
- 3.4.3.17 Any significant changes to this policy and procedures is approved by the Board of Trustees, all staff members and interns/volunteers/students (if applicable) will be re-educated on the policy and procedures. The new policy and procedures will then be posted. If any changes should occur to the list of client rights, as published under the Ohio Administrative Code, the list of clients rights will then be re-distributed to persons served, and the persons will be re-educated as to their rights.
- 3.4.3.18 Annually, a written analysis of all formal complaints will be conducted by the Client Rights Officer and determine trends, areas needing performance improvement, actions to be taken to address the improvements needed (if necessary), and actions taken or changes made to improve performance.

RESOURCE AGENCIES

Geauga County Board of Mental Health
& Recovery Services
13244 Ravenna Road
Chardon, Ohio 44024
440-285-2282
<http://www.geauga.org>

Ohio Department of Job &
Family Services
30 E. Broad St., 32nd Floor
Columbus, Ohio 43215-3414
614-466-6282
<http://www.jfs.ohio.gov>

Ohio Department of Mental Health & Addiction Services
Client Advocacy Coordinator
30 E. Broad Street, 8th Floor
Columbus, Ohio 43215-3430
614-466-2333
<http://www.mh.state.oh.us>

Ohio Department of Health
Division of Quality Assurance
246 N. High Street
Columbus, Ohio 43215
614-466-3543
<http://www.odh.ohio.gov>

Ohio Department of Aging
50 W. Broad Street, 9th Floor
Columbus, Ohio 43215
800-266-4346 (toll free)
<http://www.goldenbuckeye.com>

Ohio Legal Rights Services
50 West Broad Street, Suite 1400
Columbus, Ohio 43215-5923
614-466-7264
800-282-9181 (toll free)
<http://www.ols.ohio.gov>

Ohio Counselor, Social Worker and
Marriage & Family Therapist Board
50 West Broad Street, Suite 1075
Columbus, Ohio 43215-5919
614-728-7791
<http://www.cswmft.ohio.gov>

Attorney General's Office
Health Care Fraud Unit
150 E. Gay Street, 17th Floor
Columbus, Ohio 43215
614-466-0722
<http://www.ag.state.oh.us>

U.S. Department of Health & Human
Services
Office for Civil Rights - Region V
233 N. Michigan Avenue, Suite 240
Chicago, IL 60601
312-886-2359
<http://www.hhs.gov>

Lake County ADAMHS Board
One Victoria Place, Suite 205
Painesville, Ohio 44077
440-350-3117 or 440-918-3117
<http://www.helpthatworks.us>

**WomenSafe, Inc.
12041 Ravenna Road
Chardon, Ohio 44024
440-286-7154 ext. 224
Client Grievance Form**

Name of Client: _____

Date Grievance Filed: _____

Grievance: _____

USE BY CLIENT RIGHTS ADVOCATE:

Date Received: _____

Interviews

Conducted: _____

Outcome of

Investigation: _____

Date Client Informed of Outcome: _____