

# Grievance Policy

## I. POLICY:

- A. It is the policy of The Behavioral Wellness Group that the persons served are encouraged to state complaints and/or grievances if they believe their rights have been violated, and to pursue a resolution to their concerns in a structured format that provides fair and equitable results through due process.

## II. PROCEDURES:

- A. Persons served will be fully informed of the grievance procedures during their orientation to services. In addition, they will receive printed materials that will provide an overview of this process for later reference. Please see Addendum A below which includes handout given to every patient: Notice of privacy practice as well as rights and responsibilities. Clients will also be given the option of having this information shared verbally upon request.
- B. Day-to-day issues affecting the persons served may be resolved informally between the person served and the primary staff member responsible for his/her service coordination or they may go directly to one of the Managing Members listed below in Addendum A, Rights and Responsibilities or they may go directly to Client Advocate / Office Manager Kim Mueller. If the problem or complaint is not resolved to the satisfaction of the person served, the Managing Member will adhere to the guidelines contained in this policy and assist the person served in accessing the procedures necessary to resolve the concern.
- C. Persons served have the right to due process with regard to grievances, and the organization will afford every reasonable opportunity for informal and/or formal resolution of the grievance.
- D. Persons who may bring grievances include, but are not limited to:
  - 1) The person served.
  - 2) The guardian of the person served.
  - 3) The attorney, designated representative, or a representative of a rights protection or advocacy agency of the person served.
- E. A grievant shall in no way be subject to disciplinary action or reprisal, including reprisal in the form of denial or termination of services, loss of privileges, or loss of services as a result of filing a grievance.

- F. Notices summarizing a person's right to due process in regard to grievances, including the process which grievances may be filed and copies of forms to be used for such purpose, shall be available within each facility and program area and are given to all persons served at commencement of treatment.
- G. Each person served will be informed of his/her right to grieve and the right to be assisted throughout the grievance process by the Client Advocate listed in the Notice of privacy practice as well as rights and responsibilities.
- H. During a formal grievance procedure, the person served will have the right to the following:
  - 1) Assistance by The Client Advocate or a representative of his/her choice.
  - 2) Review of any information obtained in processing the grievance, except that which would violate the confidentiality of another person served.
  - 3) Presentation of evidence of witnesses pertinent to the grievance.
  - 4) Receipt of complete findings and recommendations, except those that would violate the confidentiality of another person served.
  - 5) A written copy of grievance given to them and/or their representative.
- I. In all grievances the burden of proof shall be on the organization, facility, or program to show compliance or remedial action to comply with the policies and procedures established to ensure the rights of persons served.
- J. All findings of a formal grievance procedure shall include:
  - 1) A finding of fact.
  - 2) A determination regarding the adherence of the organization, program, or employee, or the failure to adhere, to specific policies or procedures designed to ensure the rights of persons served.
  - 3) Any specific remedial steps necessary to ensure compliance with organizational policies and procedures.

K. The steps of a formal grievance are as follows:

- 1) Formal grievances shall be filed as outlined in B above.
- 2) A copy of the grievance shall be forwarded to the administrative head of the organization.
- 3) 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
- 4) 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.
- 5) The written grievance must be dated and signed by the client, the individual filing the grievance on behalf of the client, the client advocate or have an attestation by the client advocate that the written grievance is a true and accurate representation of the client's grievance.
- 6) The client advocate/Managing Members/supervisor/director of the service unit or program will meet with the grievant, and/or representatives, immediately following the filing to brainstorm resolution of any related issues that may get in the way of full participation in services. Actions may include, but not be limited to, a change in direct care providers or an adjustment in programming schedules and/or program environments or change in necessary policies and procedures.
- 7) The Organization will make a resolution decision on the grievance and issue a formal written response to the grievant and/or the designated representative 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.

L. Consistent with Notice of privacy practice as well as rights and responsibilities given to all clients at commencement of therapy, clients will be informed of the option to file a grievance with outside organizations, which include, but are not limited to, the following, with the mailing address and telephone numbers for each stated:

- 1) Applicable board of alcohol, drug addiction, and mental health services
- 2) Ohio department of mental health and addiction services
- 3) Disability rights Ohio
- 4) U.S. department of health and human services, civil rights regional office in Chicago

M. Records of client grievances must be maintained for at least two years from resolution, that include, at a minimum, the following:

- 1) Copy of the grievance
- 2) Documentation reflecting process used and resolution/remedy of the grievance
- 3) Documentation, if applicable, of extenuating circumstances for extending the time period for resolving the grievance beyond twenty business days.

N. The steps to appeal a written response to a grievance:

- 1) If the grievant is unsatisfied with the findings of the written response to a grievance, he or she may appeal the decision to the Managing Member / Client Advocate within five days, excluding weekends or holidays.
- 2) The Managing Member will issue a formal written response to the grievant, and/or the designated representatives, within five working days, excluding weekends or holidays, of the complaint.
- 3) If the grievant is unsatisfied with the findings of the written response, he/she will be referred to a third party outside of the organization. Third parties may include organizations such as children's or adult protective services, professional licensing boards, or other appropriate organizations that may serve as an advocate for the person served as outlined in L above.

O. All staff members of The Behavioral Wellness Group will be trained in the implementation of this policy and procedures during orientation, and will receive ongoing training of the procedures to ensure the process is applied in a comprehensive manner is a grievance is filed.

P. Grievances regarding the actions of specific staff members will be handled in accordance with personnel rules and contract provisions. No disciplinary action may be taken, nor facts found with regard to any alleged employee misconduct, except in accordance with applicable personnel rules and labor contract provisions.

Q. A Grievance Log will be maintained by the organization detailing the nature of the complaint, relevant information obtained in the investigation, and the outcome of the process. All information contained will maintain the confidentiality of the participants in the process. This record will be reviewed annually by the Managing Members to determine if there are trends in the complaints, and to identify areas to initiate performance improvement activities.

Agreed to:

By: \_\_\_\_\_  
(Authorized Signature)

Name: John A. Glovan, Psy.D.

Title: Managing Member

Date: January 25, 2015

By: \_\_\_\_\_  
(Authorized Signature)

Name: Michael J. Pollak, PCC, LICDC

Title: Managing Member

Date: January 25, 2015

# Addendum A

## HIPAA Notice of Privacy Practices

***Effective Date: June 29 2022***

### **THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION.**

PLEASE REVIEW IT CAREFULLY.

If you have any questions about this notice, please contact Dr. John Glovan at 440-392-2222 ext. 302 or [jglovan@behavioralwellnessgroup.com](mailto:jglovan@behavioralwellnessgroup.com).

#### **OUR OBLIGATIONS:**

We are required by law to:

- Maintain the privacy of protected health information.
- Give you this notice of our legal duties and privacy practices regarding health information about you.
- Follow the terms of our notice that is currently in effect.

#### **HOW WE MAY USE AND DISCLOSE HEALTH INFORMATION:**

The following describes the ways we may use and disclose health information that identifies you ("Health Information"). Except for the purposes described below, we will use and disclose Health Information only with your signed permission. You may revoke such permission at any time by contacting our practice Privacy Officer.

***For Treatment.*** We may use and disclose Health Information for your treatment and to provide you with treatment-related health care services. For example, we may disclose Health Information to doctors, nurses, technicians, or other personnel, including people outside our office, who are involved in your medical care and need the information to provide you with medical care.

***For Payment.*** We may use and disclose Health Information so that we or others may bill and receive payment from you, an insurance company or a third party for the treatment and services you received. For example, we may give your health plan information about you so that they will pay for your treatment.

***For Health Care Operations.*** We may use and disclose Health Information for health care operations purposes. These uses and disclosures are necessary to make sure that all of our patients receive quality care and to operate and manage our office. For example, we may use and disclose information to make sure the care you receive is of the highest quality. We also may share information with other entities that have a

relationship with you (for example, your health plan) for their health care operation activities.

***Appointment Reminders, Treatment Alternatives and Health Related Benefits and Services.*** We may use and disclose Health Information to contact you to remind you that you have an appointment with us. We also may use and disclose Health Information to tell you about treatment alternatives or health-related benefits and services that may be of interest to you.

***Individuals Involved in Your Care or Payment for Your Care.*** When appropriate, we may share Health Information with a person who is involved in your medical care or payment for your care, such as your family or a close friend. We also may notify your family about your location or general condition or disclose such information to an entity assisting in a disaster relief effort.

***Research.*** Under certain circumstances, we may use and disclose Health Information for research. For example, a research project may involve comparing the health of patients who received one treatment to those who received another, for the same condition. Before we use or disclose Health Information for research, the project will go through a special approval process. Even without special approval, we may permit researchers to look at records to help them identify patients who may be included in their research project or for other similar purposes, as long as they do not remove or take a copy of any Health Information.

#### **SPECIAL SITUATIONS:**

***As Required by Law.*** We will disclose Health Information when required to do so by international, federal, state or local law.

***To Avert a Serious Threat to Health or Safety.*** We may use and disclose Health Information when necessary to prevent a serious threat to your health and safety or the health and safety of the public or another person. Disclosures, however, will be made only to someone who may be able to help prevent the threat.

***Business Associates.*** We may disclose Health Information to our business associates that perform functions on our behalf or provide us with services if the information is necessary for such functions or services. For example, we may use another company to perform billing services on our behalf. All of our business associates are obligated to protect the privacy of your information and are not allowed to use or disclose any information other than as specified in our contract.

***Organ and Tissue Donation.*** If you are an organ donor, we may use or release Health Information to organizations that handle organ procurement or other entities engaged in procurement, banking or transportation of organs, eyes or tissues to facilitate organ, eye or tissue donation and transplantation.

***Military and Veterans.*** If you are a member of the armed forces, we may release Health Information as required by military command authorities. We also may release Health Information to the appropriate foreign military authority if you are a member of a foreign military.

**Workers' Compensation.** We may release Health Information for workers' compensation or similar programs. These programs provide benefits for work-related injuries or illness.

**Public Health Risks.** We may disclose Health Information for public health activities. These activities generally include disclosures to prevent or control disease, injury or disability; report births and deaths; report child abuse or neglect; report reactions to medications or problems with products; notify people of recalls of products they may be using; a person who may have been exposed to a disease or may be at risk for contracting or spreading a disease or condition; and the appropriate government authority if we believe a patient has been the victim of abuse, neglect or domestic violence. We will only make this disclosure if you agree or when required or authorized by law.

**Health Oversight Activities.** We may disclose Health Information to a health oversight agency for activities authorized by law. These oversight activities include, for example, audits, investigations, inspections, and licensure. These activities are necessary for the government to monitor the health care system, government programs, and compliance with civil rights laws.

**Data Breach Notification Purposes.** We may use or disclose your Protected Health Information to provide legally required notices of unauthorized access to or disclosure of your health information.

**Lawsuits and Disputes.** If you are involved in a lawsuit or a dispute, we may disclose Health Information in response to a court or administrative order. We also may disclose Health Information in response to a subpoena, discovery request, or other lawful process by someone else involved in the dispute, but only if efforts have been made to tell you about the request or to obtain an order protecting the information requested.

**Law Enforcement.** We may release Health Information if asked by a law enforcement official if the information is: (1) in response to a court order, subpoena, warrant, summons or similar process; (2) limited information to identify or locate a suspect, fugitive, material witness, or missing person; (3) about the victim of a crime even if, under certain very limited circumstances, we are unable to obtain the person's agreement; (4) about a death we believe may be the result of criminal conduct; (5) about criminal conduct on our premises; and (6) in an emergency to report a crime, the location of the crime or victims, or the identity, description or location of the person who committed the crime.

**Coroners, Medical Examiners and Funeral Directors.** We may release Health Information to a coroner or medical examiner. This may be necessary, for example, to identify a deceased person or determine the cause of death. We also may release Health Information to funeral directors as necessary for their duties.

**National Security and Intelligence Activities.** We may release Health Information to authorized federal officials for intelligence, counter-intelligence, and other national security activities authorized by law.

**Protective Services for the President and Others.** We may disclose Health Information to authorized federal officials so they may provide protection to the President, other authorized persons or foreign heads of state or to conduct special investigations.



***Inmates or Individuals in Custody.*** If you are an inmate of a correctional institution or under the custody of a law enforcement official, we may release Health Information to the correctional institution or law enforcement official. This release would be if necessary: (1) for the institution to provide you with health care; (2) to protect your health and safety or the health and safety of others; or (3) the safety and security of the correctional institution.

#### **USES AND DISCLOSURES THAT REQUIRE US TO GIVE YOU AN OPPORTUNITY TO OBJECT AND OPT**

***Individuals Involved in Your Care or Payment for Your Care.*** Unless you object, we may disclose to a member of your family, a relative, a close friend or any other person you identify, your Protected Health Information that directly relates to that person's involvement in your health care. If you are unable to agree or object to such a disclosure, we may disclose such information as necessary if we determine that it is in your best interest based on our professional judgment.

***Disaster Relief.*** We may disclose your Protected Health Information to disaster relief organizations that seek your Protected Health Information to coordinate your care, or notify family and friends of your location or condition in a disaster. We will provide you with an opportunity to agree or object to such a disclosure whenever we practically can do so.

#### **YOUR SIGNED AUTHORIZATION IS REQUIRED FOR OTHER USES AND DISCLOSURES**

The following uses and disclosures of your Protected Health Information will be made only with your signed authorization:

1. Uses and disclosures of Protected Health Information for marketing purposes; and
2. Disclosures that constitute a sale of your Protected Health Information

Other uses and disclosures of Protected Health Information not covered by this Notice or the laws that apply to us will be made only with your signed authorization. If you do give us an authorization, you may revoke it at any time by submitting a signed revocation to your individual clinician and we will no longer disclose Protected Health Information under the authorization. But disclosure that we made in reliance on your authorization before you revoked it will not be affected by the revocation.

#### **YOUR RIGHTS:**

You have the following rights regarding Health Information we have about you:

***Right to Inspect and Copy.*** You have a right to inspect and copy Health Information that may be used to make decisions about your care or payment for your care. This includes medical and billing records, other than psychotherapy notes. To inspect and copy this Health Information, you must make your request, in writing, to Dr. John Glovan, Psy.D. We have up to 30 days to make your Protected Health Information available to you and we may charge you a reasonable fee for the costs of copying, mailing or other supplies associated with your request. We may not charge you a fee if you need the information for a claim for benefits under the Social Security Act or any other state or federal needs-based benefit program. We may deny your request in certain limited circumstances. If we do deny your request, you have the right to have the denial

reviewed by a licensed healthcare professional who was not directly involved in the denial of your request, and we will comply with the outcome of the review.

***Right to an Electronic Copy of Electronic Medical Records.*** If your Protected Health Information is maintained in an electronic format (known as an electronic medical record or an electronic health record), you have the right to request that an electronic copy of your record be given to you or transmitted to another individual or entity. We will make every effort to provide access to your Protected Health Information in the form or format you request, if it is readily producible in such form or format. If the Protected Health Information is not readily producible in the form or format you request your record will be provided in either our standard electronic format or if you do not want this form or format, a readable hard copy form. We may charge you a reasonable, cost-based fee for the labor associated with transmitting the electronic medical record.

***Right to Get Notice of a Breach.*** You have the right to be notified upon a breach of any of your unsecured Protected Health Information.

***Right to Amend.*** If you feel that Health Information we have is incorrect or incomplete, you may ask us to amend the information. You have the right to request an amendment for as long as the information is kept by or for our office. To request an amendment, you must submit a signed request to your individual clinician.

***Right to an Accounting of Disclosures.*** You have the right to request a list of certain disclosures we made of Health Information for purposes other than treatment, payment and health care operations or for which you provided signed authorization. To request an accounting of disclosures, you must make your request, in writing, to your individual clinician.

***Right to Request Restrictions.*** You have the right to request a restriction or limitation on the Health Information we use or disclose for treatment, payment, or health care operations. You also have the right to request a limit on the Health Information we disclose to someone involved in your care or the payment for your care, like a family member or friend. For example, you could ask that we not share information about a particular diagnosis or treatment with your spouse/family member. To request a restriction, you must submit a signed request to your individual clinician. We are not required to agree to your request unless you are asking us to restrict the use and disclosure of your Protected Health Information to a health plan for payment or health care operation purposes and such information you wish to restrict pertains solely to a health care item or service for which you have paid us "out-of-pocket" in full. If we agree, we will comply with your request unless the information is needed to provide you with emergency treatment.

***Out-of-Pocket-Payments.*** If you paid out-of-pocket (or in other words, you have requested that we not bill your health plan) in full for a specific item or service, you have the right to ask that your Protected Health Information with respect to that item or service not be disclosed to a health plan for purposes of payment or health care operations, and we will honor that request.

***Right to Request Confidential Communications.*** You have the right to request that we communicate with you about medical matters in a certain way or at a certain location. For example, you can ask that we only contact you by email or at work. To request confidential communications, you must submit a signed request to your individual

clinician. Your request must specify how or where you wish to be contacted. We will accommodate reasonable requests.

***Right to a Paper Copy of This Notice.*** You have the right to a paper copy of this notice. You may ask us to give you a copy of this notice at any time. Even if you have agreed to receive this notice electronically, you are still entitled to a paper copy of this notice. You may obtain a copy of this notice at our web site, [www.behavioralwellnessgroup.com](http://www.behavioralwellnessgroup.com). To obtain a paper copy of this notice, please print it from our website or ask your individual clinician.

We reserve the right to change this notice and make the new notice apply to Health Information we already have as well as any information we receive in the future. We will post a copy of our current notice at our office. The notice will contain the effective date on the first page, in the top right-hand corner.

### **COMPLAINTS:**

If you believe your privacy rights have been violated, you may file a complaint with our office or with the Secretary of the Department of Health and Human Services. To file a complaint with our office, contact Dr. John Glovan, Psy.D (if your service provider is Dr. Glovan , please submit complaints to Michael Pollak, PCC-S, LICDC). You may find Grievance/Satisfaction/Suggestion Forms in our Facility Suggestion Box and at [www.behavioralwellnessgroup.com](http://www.behavioralwellnessgroup.com)

All complaints must be made in writing. **You will not be penalized for filing a complaint.**

For more information on HIPAA privacy requirements, HIPAA electronic transactions and code sets regulations and the proposed HIPAA security rules, please visit ACOG's web site, [www.acog.org](http://www.acog.org), or call (202) 863-2584.

**GLOVAN, POLLAK AND ASSOCIATES, LLC**  
8224 Mentor Ave. #208 Mentor OH 44060  
Phone: 440-392-2222 Fax: 440-565-2349

**BEHAVIORAL HEALTH RIGHTS AND RESPONSIBILITIES**

**STATEMENT OF RIGHTS:**

- The right to be treated with consideration and respect for personal dignity, autonomy and privacy;
- The right to have privacy when undertaking treatment;
- The right to make choices about the length of treatment and participation in treatment and research activities;
- The right to be referred to another treatment providers if needed or dissatisfied;
- 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 in common areas, which does not include
- bathrooms;
- 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, a note will be placed in the client chart explaining reasons.
- The right to be informed of 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.

#### **THE INDIVIDUAL'S RESPONSIBILITIES:**

- The individual participates to the extent possible or desired in the development of treatment plan and subsequent changes.
- The individual has the responsibility to notify their clinician when scheduled visits cannot be kept—minimum of 24 hours in advance.
- The individual has the responsibility for supplying accurate and complete information regarding medical history and mental health history.
- The individual is responsible for his/her action if the treatment plan is not followed.
- The individual is responsible to notify the clinician if instructions are not understood or cannot be followed.
- The individual is responsible to behave appropriately and safely or the clinician may terminate the session or contact the appropriate authorities to ensure safety.
- Persons served have the responsibility to attend services without the use of contraband to include alcohol, illicit drugs and weapons.
- Persons served have the responsibility to follow all of The Behavioral Wellness Group's rules and regulations, safety rules and posted signs.

#### **QUESTIONS OR COMPLAINTS:**

At The Behavioral Wellness Group, we strive to provide quality services. If you believe your privacy rights have been violated, need assistance or have a question/complaint/suggestion, please speak to your clinician **or** Contact one of the Managing Members **or** reach out to the Client Advocate listed below. If you remain dissatisfied or have feedback, you may find Grievance/Satisfaction/Suggestion Forms in our Facility Suggestion Box and at [www.behavioralwellnessgroup.com](http://www.behavioralwellnessgroup.com). Please place them in the Facility Suggestion Box or email them to:

**John A. Glovan, Psy.D.**  
**Managing Member**  
**440 302 2222 # 302**  
[jglovan@behavioralwellnessgroup.com](mailto:jglovan@behavioralwellnessgroup.com)

**Michael Pollak, PCC-S, LICDC**  
**Managing Member**  
**440 392 2222 # 301**  
[mpollak@behavioralwellnessgroup.com](mailto:mpollak@behavioralwellnessgroup.com)

You also have the option of filing a complaint verbally and to ask for assistance in completing any grievance forms by contacting the Client advocate listed below.  
 You may also submit a complaint to the Secretary of the Department of Health and Human Services.

**Client Advocate:**

**Kim Mueller / Office Manager**

**440 392 2222 # 208**

**Hours: Monday through Thursday 8am to 4pm**

**[kmueller@behavioralwellnessgroup.com](mailto:kmueller@behavioralwellnessgroup.com)**

You may also submit a grievance to:

Lake County Alcohol, Drug Addiction and Mental Health Services (ADAMHS) Board  
9237 Mentor Ave Unit B, Mentor, OH 44060 440 350-3117

Ohio Department of Mental Health and Addiction Services  
30 E Broad St, Columbus, OH 43215 614 466-2596

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

U.S. department of health and human services, civil rights regional office in Chicago  
230 South Dearborn Street, Suite 3187, Chicago, IL 60604 800 368-1019

**BWG 3/03/25**

**Revised 2.28.25  
3.03.25  
9.8.2025**