Radley Health Inc.

CLIENT RIGHTS AND GRIEVANCE PROCEDURE

Radley Health Inc (RadleyCare) is committed to ensuring that you, our clients, experience a welcoming and safe environment.

Definitions: For this procedure, the term '**you**' and **'your'** refers to you the client or the person who is making the grievance on your behalf. The terms **'we'** and **'our'** refers to Radley Health Inc (RadleyCare).

HOW TO SUBMIT A GRIEVANCE:

- Write or type your grievance on paper, date and sign it.
- Include the date and time of the incident, a description of the incident, and the names of the person(s) involved in the situation.
- Give the grievance to a staff person.
- Our Client Advocate can help you.

THE DETAILS:

The Clinical Director may share the grievance and consult with the CEO and Human Resources Director. If the grievance involves the Clinical Director, CEO or Human Resources Director, another member of the leadership team or an outside consultant will address the grievance.

A Client Advocate is available to help you to file a grievance.

The current **CLIENT ADVOCATE** is:

Name: Anson Frericks
Office address: 8044 Montgomery Rd Ste 120 Cincinnati OH 45236
Direct Phone: (513) 600-0694
Email: anson@radleycare.com
Available Hours: 9:00 AM - 5:00 PM, Monday-Friday by appointment

Your grievance must be put into writing. If you are unable or do not want to put it in writing, the Client Advocate will put your grievance in writing based on what you tell them.

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The written grievance must be dated and signed by you, the person filing the grievance on behalf of you, or by an attestation made by the client advocate that the written grievance is a true and accurate statement of your grievance.

The grievance should include, if available, the date and approximate time of the incident, a description of the incident, and the names of the person or persons involved in the incident or situation.

WHAT WE WILL DO ABOUT YOUR GRIEVANCE

1. Written acknowledgement (statement)

We will give you a written statement that we received the grievance within three (3) business days from the date we receive the grievance from you.

This written statement will include at least the following: (a) Date we received your grievance; (b) Summary of the grievance; (c) Overview of the grievance investigation process; (d) How long it will take for us to complete the investigation of your grievance and notify you of the resolution; and (d) Treatment provider contact name, address and telephone number.

2. Make a Decision / Resolution

We will make a decision on the grievance within twenty (20) business days of receiving the written grievance. If this time period needs to be extended, we will document this in the grievance file and provide you written notification.

3. Keep records

Records of your grievance will be kept by Integrated Behavioral and Primary Care for at least two (2) years from the date that the grievance is resolved. These records will include (a) a copy of the grievance; (b) Documentation reflecting the process used and the resolution/remedy of the grievance; and; (c) Documentation if applicable, of extenuating circumstances for extending the time period for resolving the grievance beyond twenty (20) business days.

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You can also give your grievance to an outside organization.

These organizations include, but are not limited to, the following:

Hamilton County Mental Health & Recovery Services Board
2350 Auburn Ave, Cincinnati, OH 45219-2816
(513) 946-8635

Ohio Mental Health and Addiction Services (OhioMHAS)
30 East Broad Street, Ste 742, Columbus, OH, 43215.
Phone: 614-466-2596

Disability Rights of Ohio
200 Civic Center Dr., Ste 300, Columbus, OH 43215
Phone :614-466-7264 or 800-282-9182, option 2, leave voicemail

U.S. Department of Health and Human Services - Office for Civil Rights
233 North Michigan Ave, Suite 240, Chicago, IL, 60601
Phone: 312-886-2359

Upon your request, all relevant information about the grievance will be sent to one or more of the organizations listed above at your request.

Signature: _____ Date: _____