

ARC-IP
ADDICTION'S RESOURCE CENTER, INC
ADDRESS: P.O. BOX 807 – YELLOW SPRINGS, 45387
PHONE: 937-767-0178; 937-767-0135; 937-727-1040 FAX: 937-767-0199; 937-688-1550
CLIENT RIGHTS - OAC Rule 5122-26-18

- (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.

I have reviewed this and understand the document as utilized by ARC-ip

Staff Signature _____ Date _____

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Grievance Procedure - OAC Rule 5122-26-18

1. The Grievance must be in writing.
2. The grievance must be signed and dated by client/ individual filing the grievance on behalf of themselves or person filing grievance.
3. The grievance must include date, approximate time, and description of incident and names of individuals involved.
4. The grievance must include a statement identifying to whom the client should/is giving the grievance.
i.e.: ARC-IP Program Administrator or an appointed staff member by the Program Administrator of ARC-IP will be available at all times during programming to assist griever.
5. The ARC-ip will make a resolution decision on the grievance within 21 days calendar 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.
6. Assistance will be provided in filing the grievance if needed by staff on duty at time the griever requests, investigation of the grievance on behalf of the griever and agency representation for the griever at the agency hearing on the grievance if desired by the griever.
7. An explanation to the client who is filing the grievance that they may file the grievance with outside organizations, which include, at a minimum, the following: The mailing address and telephone numbers for each shall be stated.
 - Ohio department of alcohol and drug addiction services
 - Ohio legal rights services
 - U.S. department of health and human services, civil rights regional office in Chicago.
8. The grievant will receive written acknowledgement of receipt of grievance by ARC-IP program administrator within 3 working days (M-F) which will include:
Date grievance received; Summary of grievance; Overview of investigation process;
Timetable for investigation/ notification of resolution

Addictions Resource Center, INC Exec Director/Services Supervisor: W. L. Houser-Thomas PsyD, LICDC-CS
PO Box 398 Springfield OH 45501 Ph: (937) 767-0178/ Fax: 937-688-1550

OhioMHAS 30 E Broad St, Columbus, OH 43215 Ph: (614) 466-2596 Fax: (614) 485-9737

Ohio Legal Rights 50 West Broad Street, Suite 1400 Columbus, Ohio 43215-5923 Phone: 614-466-7264 or 1-800-282-9181 (toll-free in Ohio only) TTY: 614-728-2553 or 1-800-858-3542
US DEPT. OF HHS

Region V - Chicago (Illinois, Indiana, Michigan, Minnesota, Ohio, Wisconsin) Office for Civil Rights-U.S. Department of Health and Human Services 233 N. Michigan Ave., Suite 240 Chicago, IL 60601 Voice Phone (312)886-2359 FAX (312)886-1807 TDD (312)353-5693

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Staff Signature _____ Date _____