



RESTORATION to SOUND HEALTH

Arubah Emotional Health Services, PA Grievance/Formal Complaint Process

- ◆ It is the policy of Arubah Emotional Health, PA to adhere to the client rights defined and described in MN Law and Statutes.
- ◆ A copy of the Client Bill of Rights and Grievance/Formal Complaint process shall be distributed to each client at intake or next subsequent appointment in writing or orally and to applicants upon request. In the event a client continues in services longer than one year, a copy of the Client Bill of Rights will be provided to the client annually. Agency staff will explain the client rights policy and/or provide a copy at any time upon request, and in language that is understandable to the client.
- ◆ All clients, former clients, and their authorized representatives may submit a grievance to Arubah Emotional Health Services, PA at any time during or after their time of service.
- ◆ Within three business days of receiving a client's grievance, Arubah Emotional Health Services, PA will acknowledge in writing that the client's grievance was received.
- ◆ Clients will be allowed to bring a grievance to the person with the highest level of authority in the program (Executive Director or Visionary).
- ◆ All grievances will be heard by an impartial clinician having no involvement with the client or situation that is the subject of the grievance. The procedure for hearing grievances shall include in person and/or telephone contact with the aggrieved (and/or a representative as appropriate), and as appropriate, contact with others who are the subject of the grievance.
- ◆ The resolution of grievances shall not exceed fifteen working days from its filing. Written notification of the resolution of the grievance shall be provided to the client or the aggrieved, if other than the client (with the client's permission). Written resolution of the grievance shall be sent to the aggrieved party's/parties' last known mailing address. Should the aggrieved party feel that the person hearing the grievance does not adequately resolve the grievance, an appeal may be filed with the Executive Director.
- ◆ The Executive Director shall have ten days from the filing of the appeal to further investigate the grievance and provide written resolution to the aggrieved party.
- ◆ The aggrieved may file a complaint with any or all of the several outside entities and appropriate professional licensing or regulatory agencies. Relevant addresses and telephone numbers are provided and are also attached to the Client Bill of Rights.
- ◆ Information about the grievance may be provided to these outside entities upon request. Client grievances and appeals will be recorded in a log by the Clients Rights Officer and reviewed weekly at Agency Leadership Meeting. Annually, efforts will be made to determine trends in complaints and to identify areas for performance improvement.
- ◆ Within fifteen business days of receiving a client's grievance, the client will be provided a written final response.



Outside Agencies able to address complaints/grievances:

<p>Ombudsman for Mental Health and Developmental Disabilities 121 7th Place E #420 St. Paul, Minnesota 55101 Phone: 651-757-1800 or 1-800-657-3506 Email: ombudsman.mhdd@state.mn.us</p>	<p>MN Board of Psychology 2829 University Ave. SE, Suite 320 Minneapolis, MN 55414 Phone: (612)617-2230 Hearing/Speech Relay: (800) 627-3529 Email: psychology.board@state.mn.us</p>
<p>MN Board of Social Work 2829 University Ave SE, Suite 340 Minneapolis, MN 55414-3239 (612) 617-2100; (888) 234-1320; FAX (612) 617-2103 Hearing/Speech Relay: (800) 627-3529 Email: social.work@state.mn.us</p>	<p>MN Board of Marriage and Family Therapy 2829 University Ave SE Suite 400 Minneapolis, MN 55414 (612) 617-2220 Hearing/Speech Relay: (800) 627-3529 Email: mft.board@state.mn.us</p>
<p>MN Board of Behavioral Health and Therapy 2829 University Ave SE, Suite 210 Minneapolis, MN 55414 (612) 528-2177 FAX (612) 617-2187 Email: bbht.board@state.mn.us</p>	<p>Minnesota Department of Health Health Regulation Division P.O. Box 64900 St. Paul, MN 55164 (651) 201- 4200 Email: health.fpc-licensing@state.mn.us</p>
<p>MN Department of Human Services Licensing Division P.O. Box 64242 St. Paul, MN 55164 (651) 431-6500</p>	<p>MN Department of Human Services: Office of Health Facilities Complaints (651) 201- 4200 Email: health.fpc-licensing@state.mn.us</p>