

Date: _____

Grievance Policy

Patient full name: _____

Date of birth: _____

Email: _____

Phone: _____

Describe your concern (optional): _____

GRIEVANCE POLICY (for behavioral/mental health)

At Haven Health & Wellness (DepressionandAnxietyrelief.com) (the "Practice"), we are committed to delivering compassionate and quality behavioral and mental health services in a safe and respectful environment. As part of this commitment, we have established a clear and accessible Grievance Policy to ensure that any concerns or complaints that you may have are addressed promptly, fairly, and without retaliation. This policy outlines your rights, the steps to file a grievance, and how we work to resolve any such issues. If you need help completing this form or require it in another language or format, please let our staff know.

1. Purpose

The purpose of this Grievance Policy is to provide a clear, fair, and confidential process for clients, their representatives, and staff to express concerns or complaints related to treatment, rights, staff conduct, or other aspects of care at the Practice.

2. Policy Statement

The Practice is committed to providing the highest quality care in an ethical and respectful manner. Every client has the right to express dissatisfaction without fear of retaliation, and to have grievances addressed promptly and equitably. This policy outlines the procedures to ensure that all grievances are handled in a timely, confidential, and sensitive manner.

3. Scope

This policy applies to:

- All clients and their legal representatives
- All employees, contractors, and interns of the Practice
- All services provided on-site, virtually (telehealth), or off-site (e.g., home visits)

4. Definitions

"Grievance": A formal or informal complaint expressed by a client or their representative regarding dissatisfaction with services, treatment, policies, interactions with staff, or perceived violations of rights.

"Client Representative": A parent, guardian, or legal representative acting on behalf of a minor or an individual with legal decision-making assistance.

"Resolution": An action or outcome that addresses the grievance to the extent possible and within legal and ethical boundaries.

5. Client Rights

Clients have the right to:

Date: _____

- Be informed of this grievance policy upon intake and annually thereafter.
- File a grievance without fear of discrimination, coercion, or retaliation.
- Receive assistance in filing a grievance if needed, including language interpretation and disability accommodation.
- Receive a written response, including findings and resolution steps.
- Appeal the decision if dissatisfied with the outcome.
- File a complaint with state or federal oversight agencies (such as the Department of Health, licensing board, Medicaid office, etc.) if they are not satisfied with the outcome of an internal grievance. Contact information will be provided upon request or included on the practice website.

Filing a grievance will not affect your access to care or the quality of services you receive at the Practice.

6. Procedures for Filing a Grievance

Step 1: Informal Resolution (Optional) Clients are encouraged to first attempt informal resolution by discussing concerns directly with their provider or the staff member involved. If the issue is unresolved or if the client prefers, a formal grievance may be filed at any time.

Step 2: Formal Grievance Submission Grievances may be submitted:

- In writing, using the Grievance Form available in the office (also attached here as Addendum A), via the practice website, or upon request.
- Verbally, in person or by phone, to any staff member of the Practice, who will document the grievance in writing.
- By email or secure portal, where available.

Grievances should be directed to the Practice's Grievance Coordinator, whose name and contact information is listed at the end of this form.

The grievance should include, at a minimum, the following information:

- The client's name and contact information (email address and phone number)
- Description of the grievance (dates, persons involved, and nature of the concern)
- Desired outcome or resolution

Anonymous grievances may be submitted but may limit our ability to fully investigate or respond to the concern. All efforts will be made to address such concerns in good faith.

Step 3: Acknowledgment of Receipt The Grievance Coordinator will:

- Acknowledge receipt of the grievance in writing within 3 business days
- Log the grievance in the confidential grievance tracking system

7. Investigation and Resolution

Timeline The grievance will be investigated and resolved within 30 calendar days of receipt.

If additional time is needed, the client will be notified in writing with an explanation and revised timeline.

Investigation Process

- Review of documentation and treatment records
- Interviews with involved staff or witnesses
- Consultation with legal or clinical advisors as appropriate
- Assessment of relevant policies and procedures

Resolution The client will receive a written response summarizing:

- The findings of the investigation
- Actions taken or planned (e.g., staff training, policy changes, disciplinary measures)

Date: _____

- Appeal options

All actions will be documented in the grievance log and maintained in a confidential file.

8. Appeals Process

If the client is not satisfied with the resolution, they may file a written appeal within 15 calendar days of receiving the outcome.

The appeal will be reviewed by a higher-level administrator or an impartial third party not involved in the original grievance. The Grievance Coordinator will acknowledge receipt of the appeal in writing within 3 business days of receipt.

The appeal review will be completed within 15 calendar days, and a final decision will be communicated in writing. If additional time is needed, the client will be notified in writing with an explanation and revised timeline.

9. Confidentiality

All grievances and related investigations will be kept confidential, to the extent permitted by applicable law. Only those directly involved in the grievance process will have access to related information.

Client records related to grievances are maintained separately from the clinical record and stored securely in accordance with HIPAA.

10. Non-Retaliation

Retaliation in any form against a person who files a grievance, cooperates in an investigation, or appeals a decision is strictly prohibited and may result in disciplinary action, up to and including termination of employment.

11. Recordkeeping and Reporting

A log of all grievances, investigations, and outcomes will be maintained by the Grievance Coordinator for a minimum of six (6) years or as otherwise required by applicable state laws.

Reports summarizing grievance trends (de-identified) may be reviewed quarterly to inform quality improvement and risk management efforts.

12. Accessibility and Communication

This policy shall be posted in a visible location in the practice and made available on the practice website.

Clients will be informed of their rights and this grievance policy at intake and annually thereafter.

Copies will be available in alternative languages or formats upon request.

13. Grievance Process for Minors

At the Practice, we recognize that minors (individuals under the age of 18) receiving behavioral and mental health services have unique rights and needs. The Practice is committed to ensuring that minors, along with their parents or legal guardians, understand their rights and have access to a clear, supportive grievance process.

Rights of Minors in Treatment Minors receiving care at the Practice have the right to:

- Be treated with respect, dignity, and compassion, regardless of age.
- Participate in their treatment planning to the extent appropriate for their age, maturity, and clinical condition.
- Express concerns or complaints about their care without fear of punishment or retaliation.
- Expect that any concerns they raise will be taken seriously and addressed in a timely and confidential manner.

Depending on the minor's age, applicable state law, and the type of services being provided, minors may also have specific rights to consent to treatment or to confidentiality of certain health information.

Filing a Grievance on Behalf of a Minor A grievance may be submitted:

Date: _____

- By the minor, if capable and appropriate;
- By a parent or legal guardian;
- Jointly by the minor and their parent/guardian; or
- By an authorized representative acting on behalf of the minor.

The grievance may be submitted in writing, verbally, or electronically using the same channels outlined in the general grievance process above.

Evaluation of Grievances Involving Minors When a grievance involves a minor:

- The Practice will consider the best interests of the minor while also respecting applicable laws regarding confidentiality and consent.
- If a minor submits a grievance independently, the Practice will evaluate whether parental involvement is appropriate or required by law.
- Confidentiality protections will be honored according to state and federal law, including specific protections for certain types of treatment such as substance use, reproductive health, or mental health counseling.

Resolution Process Grievances involving minors will be reviewed and resolved following the standard grievance process timeline described above. In addition:

- The minor and their parent/guardian (when appropriate) will be informed of the resolution in an appropriate and clear manner.
- If additional protective or supportive steps are needed (such as involving child welfare or adjusting the treatment plan), these actions will be taken with sensitivity and in compliance with applicable laws.

Support and Advocacy Minors and their families may request assistance from a Patient Advocate or Client Rights Officer (if applicable) to support them in the grievance process. The Practice will make reasonable accommodations to help minors understand and participate in the process, including offering age-appropriate explanations and access to interpreters or other support services.

14. Contact Information for Grievances

ADDENDUM A Patient Grievance Form

We are committed to providing quality care and addressing any concerns you may have. Please use this form to share your grievance so we can respond appropriately.

Patient Information

Preferred Contact Method: ☐ Phone ☐ Email ☐ Mail

Description of Grievance: (Please describe the issue or concern in detail, including any dates, names of staff involved, or specific incidents. Attach additional pages if necessary.)

Have you discussed this concern with a staff member?

- No

If yes, what was the outcome?

What would you like to see as a resolution to this grievance?

OFFICE USE ONLY

Was this decision appealed by the Patient?

- No
- Yes

Client Acknowledgement of Grievance Policy



☎ 203-383-3061

✉ Info@depressionandanxietyrelief.com

Date: _____

I acknowledge that I have received, read, and understand the Grievance Policy provided by Haven Health & Wellness (DepressionandAnxietyrelief.com). I understand that I have the right to file a complaint or express concerns about my care or services without fear of retaliation, and that my concerns will be addressed in a timely and respectful manner according to the procedures outlined in this policy. I understand how to initiate a grievance and who to contact if I have any questions or need further assistance.

For Adult Patients (Age 18 and Over)

For Minor Patients (Under Age 18)

By signing below, I affirm that I am the legal parent or guardian of the minor listed above and have the legal authority to consent to behavioral health services on his/her behalf. I have reviewed the Statement of Patient Rights and Responsibilities, and I understand and accept the rights and responsibilities described within, both for myself and for the minor patient.

Patient signature: _____ Date: _____

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