

GRIEVANCES and APPEALS

Northwest Family Services (NWFS) is committed to providing services designed to meet clients' needs and to respect clients' rights. If you or any person acting on your behalf believes that your rights have been violated regarding any aspect of your treatment or services, you may submit a grievance regarding any aspect of your treatment.

If you, or your legal guardian have a concern or complaint, ask your clinician or the staff member who has worked with you to help you resolve the problem. If they are not available, ask administrative staff to help you speak with the Manager of the program from which you received services. If you are not satisfied with the informal resolution, write a formal grievance. Northwest Family Services will not intimidate, threaten, coerce, discriminate against, or take any other form of retaliatory action against any person filing a complaint or inquiring about how to file a formal complaint.

A Formal Grievance:

1. Complete a ***Complaint/Grievance Form***, available in English, Spanish, and Russian as well as alternate formats for individuals with disabilities.
2. The written grievance must include a statement of the problem, the date(s) of occurrence, a list of persons involved, and any other pertinent details that will clarify the nature and circumstances of the grievance. You may suggest potential resolutions.
3. Deliver ***Complaint/Grievance Form*** to our main office at 6200 SE King Road; Portland, OR 97222, attention: QA/QI Department. You may also email to **service@nwfs.org**. Forms and envelopes are always available in our main office reception area, and can also be printed from our website www.nwfs.org.
4. In cases of alleged sexual harassment, unethical behavior, or highly unprofessional conduct, you may by-pass any of the steps in the grievance procedures, and direct your concern in writing to the Executive Director at any time. The Executive Director has sole and final authority in determining a resolution to Formal Grievances.

A formal grievance or complaint is processed in the following manner:

- a) The Quality Assurance/Improvement Specialist reviews and processes the complaint; you may be contacted for a meeting or phone conference. You will receive a written response within 30 days from the initial complaint letter.
- b) Your ***Complaint/Grievance Form***, and any other documentation for the case, will be kept by the QA/QI Specialist.
- c) A copy of the grievance, a summary of the investigation results, and a description of actions taken will be placed in your record. You have a right to review this information. Aspects of this information that could violate the privacy rights of staff or other clients may be withheld from your record.

Expedited Grievances: In circumstances in which the matter of the grievance is likely to cause harm to the individual before the grievance procedures outlined in these rules are completed, the individual, or guardian of the individual, may request an expedited review. The Practice Director will review and respond in writing to the grievance within 48 hours of receipt of the grievance. The written response must include information about the appeal process.

Retaliation: A grievant, witness, clinician, supervisor or staff member of NWFS must not be subject to retaliation by a provider for making a report or being interviewed about a grievance or being a witness. Retaliation may include, but is not limited to, dismissal or harassment, reduction in services, wages or benefits, or basing service or a performance review on the action.

Immunity: The grievant is immune from any civil or criminal liability with respect to the making or content of a grievance made in good faith.

Appeals: Individuals and their legal guardians have the right to appeal entry, transfer, and grievance decisions as follows:

- I. If you are unsatisfied with the decision, you can file an appeal in writing within 10 working days of the date of the QA/QI Specialist's response to the grievance or notification of denial for services. Your appeal should be submitted to the Health Systems Division (HSD) of Oregon Health Authority (OHA).
- II. If your treatment is paid for by public or private insurance, you can also file an appeal with your insurance company or CCO. If you are not covered by a CCO, your appeal must be submitted to the OHA – Health Systems Division. NWFS representatives will be available to assist in responding to the appeal.
- III. The Division must provide a written response within 10 working days of the receipt of the appeal.
- IV. If the individual or guardian is not satisfied with the appeal decision, he or she may file a second appeal in writing within 10 working days of the date of the written response to the HSD Director of the Oregon Health Authority.
- V. **Contact Information for appeals:**
 - Health Systems Division (HSD) of Oregon Health Authority:
Toll-Free: 1-800-527-5772, 1-800-699-9075
 - Disability Rights Oregon: 503-243-2081; or 1-800-452-1964 TTY/TDD 711
 - Health Share of Oregon - 503-416-8090, 1-888-519-3845
(<http://healthshareoregon.org/formembers/appeal-and-grievances.html>).
 - Governor's Advocacy Office: 503-945-6904

The NWFS Grievance and Appeal procedure has been explained to me and I have received a copy as well as a blank Complaint/Grievance form, (pages 3 and 4 of this document) if I should ever require it.



Signed: _____ For: _____ Date: _____
Self/ Guardian (circle) Child/Other (circle)

Today's Date: _____

COMPLAINT/GRIEVANCE FORM

Name of Person Reporting Concern: _____

Address: _____

Telephone#: _____ Email: _____

Do you wish to be contacted by us? Yes No

If so, best way to contact you: (please circle) Phone Mail Email

Which Program/Workshop/ Service did you attend? _____

Who from NWFS assisted you? _____

Do you wish to remain anonymous about this complaint during the investigation process?

Yes No if Yes, information will only be disclosed to the Quality Assurance Dept.

Do you need an interpreter? Yes No If so, for what language: _____

Date, Place, and Time of Incident/Complaint _____

Describe your incident or complaint: Give us any information that may help us to resolve this concern. Please attach additional pages to this form if you need more space to describe the situation:

Is there anything you have done to help resolve the matter on your own?



What would you like to see happen in this matter?

Upper management will contact you upon receipt of this form to help facilitate a resolution. Please mail or hand-carry this form to:

Attention: Quality Assurance Department
6200 SE King Road; Portland, OR 97222
Tel. 503-5466377; Fax 503-546-9397; service@nwfs.org

Your Signature:

Your signature here provides consent for release of information regarding this grievance to the Quality Assurance Department and other appropriate parties.

