



OUTPATIENT BEHAVIORAL HEALTH SERVICES
INDIVIDUAL'S RIGHTS TO APPEALS AND GRIEVANCES

OUR MISSION:

As People of Providence we reveal God's love for all, especially the poor and vulnerable, through our compassionate service.

OUR CORE VALUES:

Respect • Compassion • Justice
Excellence • Stewardship

Providence Outpatient Behavioral Health encourages our patients and their families/support system to submit an appeal or grievance verbally or in writing at any time you have a concern or complaint.

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

1. Asking for an appeal or making a complaint or grievance:
 - Expedited Grievances: In circumstances where 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 program administrator must 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.
 - Otherwise we will schedule a time to meet with you to talk about your appeal, grievance, or complaint the same day or no more than 7 days from the time you submit it.
 - We will communicate our response to you verbally and in writing within 7 days.
 - Will NOT negatively impact your care
 - No one will retaliate against you, nothing negative will happen to you.
 - You will have immunity from any action as a result of asking for an appeal or making a complaint or grievance. You are safe, we want to know about any problems or concerns.

If requested, program staff are available to assist the individual or guardian of the individual to make complaint or grievance.

2. How to submit an appeal, grievance and/or complaint verbally or in writing to Providence:
 - Speak to, leave a letter or note with any staff person.
 - Speak to, leave a letter or note with your therapist or physician.
 - We will communicate our response to you verbally and in writing within 7 days.
 - Ask to speak to, leave a letter or note for our Program Manager
 - At St. Vincent call: 503-216-2025
 - At Providence Portland call: 503-215-6474
 - At Providence Hood River call: 541-387-6138
 - Call the Customer Care Team of Oregon
 - At 503-962-1275 or toll-free at 1-855-360-3463
 - Contact the Regional Director for Outpatient Behavioral Health Services: 503-216-4963
 - Oregon Health Division-503-945-5763
 - All appeals, complaints and grievances will be responded to and resolved in no more than 7 working days.

3. You can also make an appeal or grievance to someone that is not part of Providence:
- If the individual or guardian, if applicable, is not satisfied with the decision, the individual or guardian may file an appeal in writing within ten working days of the date of the program administrator's response to the grievance or notification of denial for services as applicable. The Division, must provide a written response within ten working days of the receipt of the appeal; and
 - If the individual or guardian, if applicable, is not satisfied with the appeal decision, he or she may file a second appeal in writing within ten working days of the date of the written response to the Chief Officer.
 - The appeal must be submitted to the Division as applicable;
 - Disability Rights of Oregon-503-243-2081, 800-452-1694
 - If you have CareOregon, 503-416-4100
 - Your insurance company by using the Customer Service number located on the back of your card
 - The Joint Commission for Accreditation of Hospitals-800-944-6610
 - The Governor's Advocacy Office 503-945-6904, 1-800-442-5238
4. You can also submit an appeal, grievance or complaint after you have discharged from our services. Follow the same directions listed above; contact anyone listed and we will respond the same way.

We value our relationship with our patients and want to respond at any time so we can support your recovery. If you submit an appeal, grievance, or complaint: No one will retaliate, it will not affect your care; no one will take any action against you, you are immune and you are safe to talk to us or anyone else if you have concerns.

I have read and understand the above:

Individual: _____ Date: _____