

## Client Complaint/Grievance Procedure

Children's Aid and Family Services, Inc.  
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### **CLIENT COMPLAINT/GRIEVANCE PROCEDURE**

**For General Complaints follow this procedure- see below for HIPAA Privacy Practice specific complaint procedure**

#### Policy:

It is the policy of Children's Aid and Family Services (CAFS) to provide our clients with a process by which they may complain and/or make suggestions or other comments about our practices, violation of their privacy rights, or the nature of the quality of the services provided.

#### Procedure:

CAFS will not discriminate against, or take any form of retaliatory action against, any individual for exercising his/her right to file a complaint pursuant to this policy or for filing a complaint with the Secretary of the U.S. Department of Health and Human Services, or for assisting in any way with any investigation, compliance review, proceeding or hearing under the HIPAA Privacy Regulations.

CAFS will never require any individual to waive his/her right to file a complaint pursuant to this process, or any other right described in the HIPAA Privacy Regulations, as a condition for treatment.

It shall be the duty of the Privacy Officer to receive copies of all complaints (from Program Directors) and to process all such complaints for review by the CQI Committee, and to respond to clients' requests for information about the Organization's privacy practices, under the guidelines set forth below:

Agency personnel are required to inform clients of their right to file a complaint/grievance at intake and/or during the initial course of the development of the initial treatment plan if they are unhappy with the action taken by, or service received from the agency or its employees. A ***Client Privacy Complaint Form*** is attached for use in cases involving violation of client's privacy and/or HIPAA rights.

***Note: Please note that additional steps for filing complaints may be required, as deemed necessary to meet the program's specific needs.***

The procedures for registration of a formal complaint are as follows:

- ✓ The consumer informs agency staff of the problem. Initial efforts are made by staff to resolve the complaint working with the complainant, as appropriate. Notation of this is made in the case record or department's Risk management/URQA binder
- ✓ The consumer reserves the right to request, or the staff may recommend a meeting with the program Director to discuss the problem. As applicable (*based on program/department*), the consumer also reserves the right to request the presence of his/her Division of Youth and Family Services (DYFS) Case

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- ✓ Manager during any meeting to discuss the problem
- ✓ A consumer '**Complaint/Grievance Form**' is completed by the consumer or the Director, as appropriate or if the consumer is unable to do so
- ✓ A copy of the completed form is filed in the Utilization Review and Quality Assurance (URQA) binder maintained in the Director's office, and a copy forwarded to the Administrator of Evaluation, Compliance & IT System
- ✓ If no resolution is reached with the Director a meeting may be arranged with the Director of the program and the Division Vice President. In cases involving volunteers, the volunteer may request the presence of the Human Resources Administrator at the meeting.
- ✓ Minutes of all meetings with the complainant shall be taken and maintained as part of the record.
- ✓ The CEO/President shall be notified, if no satisfactory resolution is reached.
- ✓ **All Complaints/grievances shall be referred to the CQI Committee for review by the Director.** The committee is empowered, as appropriate to review the situation and seek additional information from the department and/or consumer as appropriate. As needed, the Director shall be invited to such review by the Committee. Minutes of the CQI meeting and its recommendations following the review shall be documented and a copy of the report of the committee's findings/recommendation shall be sent, as appropriate to the consumer by the Director. The only exceptions are cases in which a letter of complaint was sent initially to the President's Office for review. In those instances, the President's Office is responsible for responding to the complainants complaint with the agency's findings.

### Additional Note:

1. All complaints/grievances that involve HIPAA – regulation-specific violation should be documented by completing the '**Client Privacy Complaint**' Form section of this procedure and copies maintained as outlined above
2. The HIPAA regulation requires that the organization provide every consumer with the opportunity to provide comments amend the information maintained in the case record and maintain log of any violation of client privacy rights – forms are available for use in these instances.

### **HIPAA Privacy Act Specific complaint Procedure:**

1. Any client or other individual wishing to make a complaint shall, whenever possible, be offered a *Client Complaint Form* upon which their complaint, suggestions and/or other comments may be fully explained. Blank Privacy Complaint Forms may be requested of any staff at CAFS.
2. Each privacy complaint made verbally shall be documented by the Privacy Officer on a blank *Complaint Form*/in a *Complaint Log* maintained by the title of person processing complaints. Such documentation shall include: the date the complaint was made; the name of the complainant; whether the complainant was a client, legal representative, a client's family member, or an unrelated person; a description of the discussion in which the complaint was voiced; any suggestions made by the complainant; and the name of the workforce member receiving the complaint.

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3. Upon receipt of a *Client Complaint Form*, the recipient of the complaint shall document the date of its receipt upon the complaint form and immediately forward the complaint form to the Privacy Officer. The Organization also maintains a “dedicated voicemail”, phone # \_\_\_\_\_ extension \_\_\_\_\_, where clients or staff can report any violations.
4. All complaints, whether written or oral, shall be immediately reviewed by the Privacy Officer. A response shall be made to any privacy complaint within thirty (30) days of the date of the Organization’s receipt of the complaint, absent extenuating circumstances. Under extenuating circumstances, the Privacy Officer may extend this deadline as necessary, so long as a letter explaining the reason for the delay and the date that the complainant can expect a disposition on the complaint, is sent to the complainant prior to the expiration of the thirty (30) day deadline. The date the response is sent shall be documented by the Privacy Officer upon the *Client Complaint Form*.
5. Copies of all written Client Complaint Forms shall be maintained by the Organization.
6. The ultimate disposition of the complaint shall be documented by the Privacy Officer upon the receipt of the completed *Client Complaint Form*. Whenever a verbal complaint is received and documented in the Complaint Log, the ultimate disposition of the complaint, as well as the date of the response, shall also be documented within the Complaint Log.
7. Client complaints about privacy issues shall not be documented within the client’s chart.
8. All requests for information about the Organization’s privacy practices, shall be responded to by the Privacy Officer as soon as reasonably possible, but, in any event, no later than ten (10) days from the date of the request.
9. CAFS shall provide each client with a copy of this Complaint Policy immediately following admission/intake into a CAFS program.

**CAFS Policy #:** \_\_\_\_\_  
**Revised and Effective November 2004**