



Client Grievance Form

Your Name: _____

Grievance Date: _____

Grievance Description -- Please describe the grievance in detail, including the following information (date, time, location of the incident, the specific actions, or words that you believe constitute this grievance and the impact of the grievance on you):

The names of any witnesses:

Requested Outcome:

Supporting Documentation - Please attach any supporting documentation, such as emails, letters, or other records that you believe are relevant to your grievance.

Signature: _____

Date: _____

Notes:

- The grievance form must be filed within 30 days of the incident that is the subject of the grievance. Please submit directly to swolff@ncaar.org, fax to 609.586.5881, or mail to NCAAR, Inc. Attn: Director of Care Coordination Services, 360 Corporate Blvd., Robbinsville, NJ 08691.
- The Director of Care Coordination Services, President/CEO, and/or Director of Human Resources will review the grievance. You will be contacted within 10 business days to discuss the outcome of this grievance.

Matters that would constitute a grievance:

- Discrimination: This includes any form of discrimination, such as race, color, religion, sex, national origin, disability, age discrimination, or in any manner prohibited by local, state, or federal laws.
- Harassment: This includes any form of harassment, such as sexual harassment, racial harassment, or religious harassment.
- Retaliation: This includes any form of retaliation for reporting discrimination or harassment.
- Violation of rights: This includes any violation of clients' rights listed on the enclosed document titled "NOTIFICATION OF CLIENT RIGHTS".

**National Center for Advocacy and Recovery for Behavioral Health, Inc. (NCAAR)
Work First New Jersey Substance Abuse Initiative-Behavioral Health Initiative (WFNJ
SAI/BHI)**

NOTIFICATION OF CLIENT RIGHTS

**NCAAR TREATS EACH CLIENT WITH RESPECT AND DOES ITS UTMOST TO
ENSURE THAT EVERY CLIENT HAS THE RIGHT:**

To be treated with consideration, dignity and respect and not to be discriminated against at any time during the assessment, placement, care coordination, and case management process.

To be fully informed about all referral and treatment placement arrangements.

To participate in the development of his/her service and discharge plans in accordance with program policies and procedures.

To expect a response to any request for additional services and information.

To be free from medical and physical abuse and from chemical and physical restraints.

To not be deprived of any constitutional, civil and/or legal rights by reason of participation in the WFNJ SAI/BHI program.

To expect that all communications and record keeping pertaining to his/her care be treated as confidential, in keeping with federal regulations governing confidentiality of Substance Use Disorder Patient Records, 42 CFR Part 2, and Protected Health Information under the Health Insurance Portability and Accountability Act of 1996, as amended, and the regulations thereunder, including 45 C.F.R. Parts 160 and 164, as well as state confidentiality laws and regulations.

To inspect, copy, amend, or request an accounting of disclosures; request restrictions, right of notification of breach, and a right to request confidential communications.

NCAAR complies with applicable federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. NCAAR does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex.

NCAAR must obtain your written consent before disclosing any of your health information, unless we would be permitted or required to do so by federal and/or state law. You may revoke this consent, in writing, at any point in time by writing to NCAAR, Inc., 360 Corporate Blvd., Robbinsville, NJ 08691.

If you have any questions about this notice, please contact the Client Compliance Officer, Stacey Wolff, NCAAR Inc., 360 Corporate Blvd., Robbinsville, NJ 08691, or by phone at (609) 477-7004.

If you wish to file a formal grievance, please complete the Grievance Form found at www.ncaar.org

To obtain a full copy of the NCAAR Notice of Privacy Practices, revised April 14, 2021, please go to

www.ncaar.org

All clients sign a “Privacy Practice Notification Acknowledgment” which provides verification they have been informed of their rights and where to obtain the entire HIPAA Notice of Privacy Practices.

ACKNOWLEDGEMENT OF USES AND DISCLOSURES OF PROTECTED HEALTH INFORMATION

This acknowledgement summarizes the uses and disclosures of my protected health information (PHI), including substance use disorder related information that the WFNJ SAI/BHI may make throughout my participation with the WFNJ SAI/BHI as set forth in the Notice of Privacy Practices. I understand that WFNJ SAI/BHI reserves the right to change this notice at any time as provided for in the Notice of Privacy Practices.

I understand that my PHI will be used and shared by WFNJ SAI/BHI personnel for my assessment, diagnosis, referrals and other care coordination and case management activities related to my alcohol and/or drug treatment, and/or mental health treatment, and care or related services that I receive from providers, facilities and programs while participating with WFNJ SAI/BHI. I understand that WFNJ SAI/BHI may be permitted to share my PHI with certain individuals, organizations and agencies with which it has written agreements requiring them to safeguard my information, such as health care service providers. At all times, I understand that WFNJ SAI/BHI will use and disclose my PHI only as set forth in its Notice of Privacy Practices. I understand that WFNJ SAI/BHI may not otherwise use or disclose any of my PHI without my written consent unless permitted by law.

I understand that my records are protected under the federal regulations governing confidentiality of Substance Use Disorder Patient Records, 42 CFR Part 2, and Protected Health Information under the Health Insurance Portability and Accountability Act of 1996, as amended, and the regulations thereunder, including 45 C.F.R. Parts 160 and 164, as well as state confidentiality laws and regulations. I understand that if NCAAR discloses my PHI, pursuant to my written consent or as otherwise permitted or required by law, the information may be subject to re-disclosure by the third party and may not be protected by applicable federal and state laws and regulations.

I understand that I am not required to sign this acknowledgement in order to obtain treatment. If I refuse to sign this acknowledgement, WFNJ SAI/BHI may continue to use and disclose my PHI to the extent permitted and required by law.

I understand that I can obtain the full copy of the WFNJ SAI/BHI Notice of Privacy Practices on their website at www.ncaar.org

By signing below, I hereby agree to and acknowledge that I understand the uses and disclosures of my protected health information by WFNJ SAI/BHI as set forth in this notice, and where I can obtain the full Notice of Privacy Practices.

Signature of recipient (or authorized representative)

Date